

**Direct observation worksheet Audit:**

Date of observation:

Discipline:

☐ Drug Chemistry ☐ Toxicology ☐ Breath Alcohol ☐ Biology ☐ Hair (Materials) ☐ GSR (Materials) ☐ Fire Debris  
☐ Firearms ☐ Latent Prints ☐ Digital & Multimedia ☐ Impression ☐ Lottery

Task observed: \_\_\_\_\_

Related SOP: \_\_\_\_\_ (add section(s) if only portion of tasks is observed)

Person Performing Task: \_\_\_\_\_

Notes:

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Overall Assessment:

☐ SOP followed ☐ SOP followed however possible issues as noted

☐ SOP not followed, issues noted above

(attach copy of SOP with notations if applicable)

Auditor performing observation: \_\_\_\_\_