

**Direct observation worksheet:**

Date of observation:

Discipline:

- ☐ 1. Drug Chemistry    ☐ 2. Toxicology    ☐ 3. Biology    ☐ 4. Trace    ☐ 5. Firearms/Toolmarks    ☐ 6. Latent Prints  
☐ 7. Questioned Documents    ☐ 9. Digital & Multimedia    ☐ 10. Impression    ☐ 10. Serial Number Restoration

Component from Scope: \_\_\_\_\_

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

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

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

Notes (additional pages may be used):

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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)

Observation performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Observation performed by: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Section Review:    Further action required    ☐ No    ☐ Yes    QAR required?    ☐ No    ☐ Yes

Quality Section Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_