

Direct Observation Proficiency/Monitoring:

Date of Observation: _____

Discipline: _____

Person Performing Task: _____

☐ 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)

Notes (additional pages may be used):

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: _____

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

Quality Section Reviewer: _____ Date: _____