

**Direct Observation Proficiency/Monitoring:**

**Notification:** Analyst: \_\_\_\_\_ Monitor: \_\_\_\_\_

Date Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

(due date 1 month from date of notification)

Activity to be observed: \_\_\_\_\_

Discipline:

☐ Drug Chemistry    ☐ Toxicology    ☐ GSR    ☐ Fire Debris    ☐ Biology    ☐ Firearms    ☐ Latent Prints  
☐ Questioned Documents    ☐ Digital & Multimedia    ☐ Impression

**Observation:**

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

Notes (additional pages may be used): \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Assessment:    ☐ SOP followed    ☐ SOP followed however possible issues as noted  
☐ SOP not followed, issues noted above (attach copy of SOP with notations if applicable)

Grade:    ☐ Pass    ☐ Fail

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

**Quality Section Review:**

Date Proficiency Test Workflow initiated: \_\_\_\_\_

Further action required    ☐ No    ☐ Yes    QAR required?    ☐ No    ☐ Yes QAR ID \_\_\_\_\_

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