

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 captured in QMS in related proficiency test workflow. If further action is required QM will note this in the workflow.