Study Title:
Field ID Number:

Form Group:	Field Critical Phase Inspection
Packet ID:	FCPI
Audit Type Chem/Crop/PR#(ID) :	
Location:	
Date:	

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A. General
Yes, No, N/A

1. Study protocol on site:	
a. Signed and dated by Study Director (SD):	
b. Signed and dated by Sponsor:	
c. All protocol changes (amendments / deviations) properly authorized:	
2. Field Raw Data Book or appropriate forms at site:	
3. SOPs on site during procedures:	
a. SOPs accurately reference current procedures:	
b. Have been approved by management:	
c. Contains provisions for remedial action (equipment malfunction):	
d. If > 1 year old, been reviewed to be adequate:	
4. Adequate number of personnel:	
a. Personnel proficient in their duties:	
5. Equipment:	
a. Meet protocol requirements:	
b. Properly cleaned and cleaning documented:	
c. SOP available for the equipment used:	
d. Log(s) available, up-to-date, GLP complaint:	
e. In good working condition.:	
6. Protective clothing worn:	
7. Field data book:	
a. Personnel have signed the field data book:	
b. Field data being checked at the time of activity:	
c. Were field data GLP compliant:	

B. Test System
Yes, No, N/A

8. Plot Design proper size/meets protocol:	
9. Plot adequately identified and flagged:	
10. Control upslope/upwind from treated:	
11. Plot layout:	
a. Is neatly drawn:	
b. Includes sufficient detail:	
c. Reflects an actual design:	
d. includes a fixed point of reference:	

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e. Dimensions given in proper units:	
f. Direction of slope indicated:	
g. North direction indicated:	
h. Distance between treated and utc. shown:	
12. Crop state as specified in the protocol:	
13. SOP available and followed for establishment of test plots:	
14. SOP available for maintenance of test plots:	

C. Test Substance
Yes, No, N/A

15. Adequate & accurate calculations (units specified and correct):	
16. Measuring techniques accurate and according to SOPs:	
a. Proper measuring device used:	
b. Data recorded to correct significant figures:	
c. Calibration adequately documented (if required):	
17. Weighing techniques accurate:	
a. Balance check completed and within SOP range:	
b. Scale/balance and/or weights certified within time frame outlined in SOP.:	
C. Equipment log up-to-date and complete:	
d. Data recorded to correct significant figures and accuracy of instrument:	
e. Equipment appears in good repair:	
18. Application equipment calibration acceptable:	
a. Technique:	
b. Calculations:	
c. SOP available and followed:	
19. Pass times taken:	
20. Application problems (if any) documented:	
21. Time of mixing and application documented and is within protocol limits:	
22. Batch/lot number recorded:	
23. Test substance stored according to label or stability information:	
24. Test substance adequately labeled:	
a. Name or CAS or code number:	
b. Batch number:	
c. Expiration date:	
d. Storage conditions:	
e. GLP status of test substance documented:	
25. Test substance use log completed and correct:	
26. Application interval as per protocol:	
27. Application met protocol specified rate:	
28. Environmental parameters at application recorded: 29. Environmental equipment used according to SOP:	

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D. Sampling Yes, No, N/A	
30. Sampling as per protocol, proper PHI maintained:	
31. Methods to control bias documented:	
32. Samples collected in proper order:	
33. Description of collection, harvest, cleaning, trimming, and/or cutting documented:	
34. Prevention of contamination addressed:	
35. Sample handling post- harvest according to SOP. Transportation containers clean/free from contamination:	
36. Elapsed time of collection to freezer recorded and within protocol range:	
37. Gloves worn during collection:	
38. Sampling equipment properly cleaned:	
39. Sampling equipment stored separate from test substance:	
40. Adequate separation between test substance and sample storage areas:	

E. Storage and Shipping Yes, No, N/A	
41. Freezer inventory maintained and available at site:	
42.Treated and untreated adequately separated.:	
43. Sample handling in proper order:	
44. Prevention of cross contamination addressed:	
45. Shipping as per protocol:	
46. Shipping equipment and supplies kept separate from test substance:	
47. Shipped by:	
a. Freezer truck (i.e. ACDS, Inc.):	
b. Truck with dry ice:	
c. Commercial carrier with dry ice:	
d. Other (list method):	
48. Data book pages and forms properly:	
a. Signed:	
b. Dated:	
c. Sample ID consistent with plot plan and protocol:	
d. Chain of custody form included in shipping box:	
49. Maintenance and/or testing logs on freezer/hobos/thermos, etc. up-to-date:	
50. Storage conditions adequately maintained according to SOP and protocols:	
51. Storage temperature monitoring equip., and/or alarms properly verified, standardized and/or tested: 52. Checked freezer alarms and security systems to verify proper functioning:	