Study Title:
Field ID Number:

Form Group:	Field Raw Data Audit
Packet ID:	FDB-
Audit Type Chem/Crop/PR#(ID) :	
Location:	
Date:	
Closed:	

A. General
Yes, No, N/A

1. Protocol and applicable amendments(s)/deviations(s)present and approved:	
2. Pages identified with field ID #:	
3. Study personnel signatures complete:	
4. Training documents sufficient:	
5. All in use pages/entries signed and dated:	
6. Data changes GLP compliant as per SOP:	
7. Notes with sufficient detail:	
8. Timeliness of documentation adequate:	
9. Raw data complete:	
10. All known exceptions to GLP included in compliance statement(If not please list):	
11. a. All unused pages lined out, dated and initialed:	
b. Pages properly numbered:	
12. SOP deviations approved by Study Director:	

B. Test Substance Receipt, Use & Disposition
Yes, No, N/A

13. Chemical receipt documents complete:	
14. Chemical use log completed:	
15. Balance calibration adequately recorded/bracketing weights used:	
16. Chemical storage conditions (exact copy) covers through last application :	
17. Location of test substance container during trial recorded:	
18. Disposition of test substance container after trial conclusion explained :	
19. Test substance characterized to meet GLP standards:	

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C. Test System Maintenance Yes, No, N/A	
20. Site map (location map) included:	
21. Plot layout (detailed, accurate & neatly drawn):	
22. Test system description adequately documented:	
23. Buffer zone according to protocol:	
24. Pesticide / fertilizer history documented:	
25. Soil characterization included:	
26. Soil characterization according to GLP:	
27. Cultural practices recorded:	
28. Maintenance chemicals use recorded:	
29. Irrigation dates & amounts recorded:	
30. Weather data included (exact copy):	
a. Covers protocol specified period:	

D. Test Substance Application Yes, No, N/A	
31. Application intervals per protocol:	
32. Application type per protocol:	
33. a. Application calibration according to protocol:	
b. Application calibration according to SOP:	
34. Material and application calculations correct:	
35. Application description section complete:	
36. Unique spray mix used for each trial:	
37. Test substance applied within 2 hours of mixing:	
38. Application rate met protocol requirements:	
39. Environmental conditions at application recorded:	
40. Was sticker / spreader adjuvant used?:	
a. Expiration (if any):	
b. Receipt data provided:	

E. Sample Collection and Shipment Yes, No, N/A	
41. Sample collection and/or harvest information complete:	
a. Sample weights recorded:	
b. Cleaning, cutting, etc. documented:	
c. Sample PHI/size/quantity met protocol requirements:	
42. a. Shipping forms in raw data:	
b. FedEx receipt / ACDS bill of lading included:	

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43. Sample storage conditions (exact copies):	
44. Custody of samples adequately documented:	
45. a. Sample storage in accordance with protocol:	
b. Sample storage in accordance with SOP:	
46. a. Sample shipment in accordance with protocol:	
b. Sample shipment in accordance with SOP:	
47. Crop destruction adequately documented:	
48. Lab notification of sample shipment documented:	