Study Title:
Field ID Number:

Form Group: Field Raw Data Audit
Packet ID: FRDA-
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:	