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| **Individual Work Record Sheet**  **Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Company Carrying Out the Survey** | | | | | | | | | | | | | | | | | | | |
| a. | Company Name: | |  | | | | | | | | | | b. | Record Sheet No: | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **2.** | **Job Details** | | | | | | | | | | | | | | | | | | | |
| a. | Company Unique Job Ref: | | | | |  | | | | | | | b. | Date of Survey: | | | | |  | |
| c. | Location of Survey:  *Include site contact details* | | | | |  | | | | | | | | | | | | | | |
| d. | Nature of the Survey: | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **3.** | **Survey Team** | | | | | | | | | | | | | | | | | | | |
| a. | Name of Member Leading the Survey: | | | | | |  | | | | | | | | | | | | | |
| b. | Other People on the Team:  *Include name and role of anyone assisting with the survey and confirm they have been trained in this SOP.* | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **4.** | **Pre-Survey** | | | | | | | | | | | | | | | | | | | |
| a. | Name of Lab: | | | |  | | | | | | | | | | | | | | | |
| b. | No. Filters Ordered: | | | |  | | | c. | | Vol. Solution Ordered:  *Include any stabilising solution* | | | | | |  | | | | |
| d. | Date of Order: | | | |  | | | e. | | Date Order Received: | | | | | |  | | | | |
| f. | Name of Courier: | | | |  | | |  | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **5.** | **Post Survey** | | | | | | | | | | | | | | | | | | | |
| a. | No. Filters Used: | | |  | | | | b. | | Vol. Solution Used:  *Include loss by evaporation* | | | | | |  | | | | |
| c. | No Filters Unused | | |  | | | | d. | | Vol. Solution Unused: | | | | | |  | | | | |
| e. | Date Returned to Lab:  *Include used and unused* | | |  | | | | f. | | Lab. Job Reference: | | | | | |  | | | | |
| g. | Name of Courier: | | |  | | | | h. | | Tracking Reference: | | | | | |  | | | | |
| **6.** | **Any Further Information Relevant to the Job** | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | |  | | |  | | |  | | |
| **7.** | **Exception Records** | | | | | | | | | | | | | | | | | | | |
| If there were exceptional circumstances on this job please tick the box and provide details on the next page: | | | | | | | | | | | | | | | | | | | | |
| a. | There was a discrepancy between the amount of sampling media ordered and returned to the lab *(Ref. SOP paras 5.2, 9.1, 10.1, 11.1, 11.2):* | | | | | | | | | | | | | | | | | | |  |
| b. | An entire consignment of sampling media was returned to the lab. for destruction  (Ref. SOP para 12.4): | | | | | | | | | | | | | | | | | | |  |
| c. | An unlisted lab. was used *(Ref. SOP para 4.1, 4.2):* | | | | | | | | | | | | | | | | | | |  |
| **Exception Record** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **8.** | **Discrepancy Between the Amount of Sampling Media Ordered and Returned to the Laboratory** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  |
| **a.** | **Discrepancy Between the Amount of Sampling Media Ordered and Received** *(Ref. SOP para 5.2)* | | | | | | | | | | | | | | | | | | | |
| Please tick the box if the discrepancy was caused by: | | | | | | | | | | | | | | | | | | | | |
| * theft or loss of the sampling media *(Ref. SOP para 10.1)*: | | | | | | | | | | |  | | | | | | | | | |
| *Please provide more information about the discrepancy, including any remedial action that has been taken:* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **b.** | **Discrepancy Between the Amount of Sampling Media Received and Returned** *(Ref. SOP paras 9.1, 10.1, 11.1, 11.2)* | | | | | | | | | | | | | | | | | | | |
| Please tick the box if the discrepancy was caused by: | | | | | | | | | | | | | | | | | | | | |
| * theft or loss of the sampling media *(Ref. SOP para 10.1)*: | | | | | | | | | | |  | | | | | | | | | |
| * QC/QA procedures *(Ref. SOP 11.1, 11.2*): | | | | | | | | | | |  | | | | | | | | | |
| *Please provide more information about the discrepancy, including any remedial action that has been taken:* | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| **9.** | **Sampling Media Was Returned to the Laboratory for Destruction** *(Ref. SOP para 12.4)* | | | | | | | | | | | | | | | | | | | |
| *Please provide more information including the reason why the whole consignment of the sampling media was returned, e.g., because it was damaged, the shelf-life has been exceeded or because of a sampling failure:* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **10.** | | **An Unlisted Laboratory Was Used** *(Ref. SOP paras 4.1, 4.2)* | | | | | | | | | | | | | | | | | | |
| *Please provide the following details about the laboratory and attach written confirmation from the laboratory that they hold a Home Office licence to possess and supply the sampling media:* | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Address** | | | | | | **Contact Details** | | | | | | **Licence No.** | | | |
|  | | | | |  | | | | | |  | | | | | |  | | | |