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| **Individual Work Record Sheet** **Relating to the Prescribed Use of 1-(2-methoxyphenyl)piperazine in MDHS25** |
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| **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.*  |  |
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| **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** |
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| **8.** | **Discrepancy Between the Amount of Sampling Media Ordered and Returned to the Laboratory** |
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| **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:* |
|  |
|  |
| **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:* |
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| **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.** |
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