**SITE VISIT REPORT FORM**

Protocol Code\* Date of Visit

Study Protocol Title

Principal Investigator/

Researcher

Contact Number: Email Address

Address:

Are site facilities appropriate?

Yes No

Are Informed Consent Recent?

Yes No

Any adverse events found?

Yes No

Any protocol non-compliance/Violation? Comment:

Yes No

Are all Case Record Forms up to date? Comment:

Yes No

Are storage of data and investigating Comment:

products locked?

Yes No

How well are the participants protected? Comment:

Good Fair Not Good

Any outstanding task or results of visit? Give details:

Good Fair

Duration of visit: (hours) Starting from: Finish:

Name of URERB member/ representatives and companion:

Completed by: Date: