**Log of Copied Documents Template**

**Clinical Research Site (CRS) Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CRS Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regulatory Inspector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Inspection:** \_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regulatory Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Use this form to track all documents copied at the request of the Inspector. Stamp “COPY”, “CONFIDENTIAL” and redact as needed. Provide an adequate description of the document using multiple lines if necessary. Make **one copy for the Inspector** **and one copy for the CRS’s files**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Request made by the inspector** | | **DOCUMENT DESCRIPTION** | **The copied document provided to the inspector** | | **STAFF INITIALS** |
| **DATE** | **TIME** | **DATE** | **TIME** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Request made by the inspector** | | **DOCUMENT DESCRIPTION** | **The copied document provided to the inspector** | | **STAFF INITIALS** |
| **DATE** | **TIME** | **DATE** | **TIME** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |