

<b>RESEARCH PROGRESS RECORD</b>		1. RESEARCH PROJECT NO.			
		2. LABORATORY			
5. TITLE		3. REPORT PERIOD			
		4. PMS NO.			
6. NAME OF SCIENTIST(S)		6a. DATE SIGNED			
7. SOURCE OF RESEARCH		8. HOURS			
<input type="checkbox"/> WORKPLAN <input type="checkbox"/> LOCAL DISCRETIONARY		PLANNED THIS FISCAL YEAR  USED THIS REPORT PERIOD		USED THIS FISCAL YEAR  USED TO DATE	
9. OBJECTIVES		<input type="checkbox"/> (Check box if any approved objective is modified)		QUARTER	
				1st	2nd
a.					
b.					
c.					
d.					
e.					
f.					
10. WORK ACCOMPLISHED					
11. WORK PLANNED FOR NEXT REPORT PERIOD					
12. COMMENTS					
13. NAME OF SCIENCE ADVISOR (Date)		14. NAME OF SUPERVISOR (Date)		15. NAME OF APPROVING SUPERVISOR (Date)	

## INSTRUCTIONS FOR COMPLETING FORM 1609a

### GENERAL

This form will be prepared to report periodic progress of a research project. This form must be typed and suitable for photo duplication. Attach additional pages as necessary to continue Items 9 thru 12. Identify continuation pages by project title and number in the upper right hand corner of each page, and "page of pages" in the lower right hand corner.

1. **RESEARCH PROJECT NUMBER.** Enter the assigned RPN for this research project from Form FDA 1609.
2. **LABORATORY.** Name and mailing symbol.
3. **REPORT PERIOD.** Enter the inclusive dates for this report for accomplished period with completed date.
4. **PMS NO.** Enter Project Management System Number.
5. **PROJECT TITLE.** Enter the title as stated on Form FDA 1609.
6. **SCIENTIST.** Type name(s) and sign. Date should be entered in block 6a.
7. **SOURCE OF RESEARCH.** Check appropriate box.
8. Report the number of hours spent on this project during the current reporting period and report the total spent in the current planning year. Total hours to date includes any time from previous fiscal years.
9. **OBJECTIVES.** Indicate the target quarter for completion of each objective. If objective is completed, indicate with a capital "C" in the appropriate box. If modified check box and fully explain need for change, if not completed use An "X" and explain in Item 10 and indicate the new target date(s).
10. **WORK ACCOMPLISHED.** Give a short comprehensive statement of the work performed to meet identified objectives; and state and discuss whether the results were positive or negative and the significance of the research results to date. For completed projects include information on publications planned, in process, or completed and any presentations to be given.
11. **WORK PLANNED:** List the work you plan to do during the next report period to meet your research objectives. Explain and justify any changes in your planned objectives. See 9 above.
12. **COMMENTS.** Identify each comment with the reviewer's name or initials.
- 13a,b Science Advisor and supervisor are to sign and date.
  - c. **Approvals:** Enter the signature, title, and date of the official approving this project, e.g., Branch Director, Laboratory Director, etc.

\* For completed projects, use the actual years, dates, and times.