



QUALITY CONTROL & INSTRUMENT MAINTENANCE RECORDS REVIEW AND APPROVAL

QC / Maintenance for the Month / Year: _____

DEPARTMENT: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

No Exceptions Noted, QC O.K. N Maintenance Completed

Exceptions Noted:

Comments/Overview:

Supervisor:	_____	Date:	_____
Consultant:	_____	Date:	_____
Staff / Other:	_____	Date:	_____
Laboratory Director:	_____	Date:	_____