

MONTHLY QUALITY CONTROL SUMMARY

LOCATION	MONTH AND YEAR	PREPARED BY

DAILY QUALITY CONTROL REVIEW: PROBLEMS NOTED THIS MONTH IN THIS SECTION:	<input type="checkbox"/> DAILY QC : NO PROBLEMS NOTED
Temperatures:	
Personnel Compliance:	
Controls (state test, control name, level):	
Standards (state test, manufacturer, level):	
Equipment verification checks (indicate instrument and serial number):	
Daily QC Statistical Assessments, L-J Quality Control Charts:	
Other quality control issues:	
Corrective action(s) taken:	
INTERLABORATORY COMPARISON REPORTS: <input type="checkbox"/> No problems noted on inter-laboratory comparison reports	
Problems noted (indicate test(s), method(s), control name(s):	
Any QC problems noted which require further review by the Technical Consultant or Lab Director	
Director Review: _____ Dated: _____ TC Review: _____ Dated: _____	