DAILY INSTRUMENT QC CHECKS

Event _____. Team # _____

Performed By _____. Reviewed By _____. Page _____of _____

Instrument Number	Instrument Type	Depart Date/Time DDMMMYYYY 0000 (Military)	QC Check Source Type	Check Source ID #	Check Source Activity	Acceptable Operating Range	Depart Actual Reading	Return Date/Time DDMMMYYYY 0000 (Military)	Return Actual Reading