



MicroDot® Glucometer Quality Control Daily Check Form

EMS Agency: _____ Vehicle ID # _____ Month/Year: _____

Instructions: Test meters daily if strips are open and per procedure. **Begin a new log on the first day of each month.**

Date	LEGIBLE Signature	EMS license #	Low Result	Low Range	High Result	High Range	Strip Lot #	Exp. Dates for BOTH Strips / Solutions
EX	PM J. Doe	060000046	33	29-59	320	260-420	7103002	7-15-20 / 8-29-20
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PEMSC signature: _____ Date: _____ (Rev.1/20)