



Glucometer Quality Control Log

EMS Agency: _____ Vehicle ID: _____ Quarter/Year: _____

Instructions: Test glucose meter with HI/LO solution **at least monthly** per a recurring schedule determined by the EMS agency and record results on the form below or in 3rd party software meeting these specifications such as ImageTrend, Target Solutions, or other program that meets the criteria listed in the Procedure Manual.

1. Shake test solution well before using. Discard first drop of solution and wipe dispenser tip to ensure accurate results.
2. Insert a test strip (black contact bars) fully into the meter.
3. Remove solution cap; invert bottle and squeeze out one drop of control solution. Apply drop to the strip by bringing the strip to the drop. Touch drop with the top edge of the test strip and wait until the test pad fills with the solution. Results appear in 10 seconds.
4. Compare results with the ranges of expected results shown on the test strip vial. (Low=Blue cap; High-Red cap)

If results are outside of the expected range, repeat test. If the 2nd test falls outside of the normal range, repeat the test with a new bottle of control solution and test strips. Verify that strips are not part of recalled lots and that strips and test solutions are not damaged and/or past their expiration dates. Verify that strips and test vials have not been left open and meters are in the correct mode. If the error persists, implement the medical device malfunction policy.

Monthly Checks (document regularly scheduled checks below)

Date/ Month	EMS clinician legible signature	Low Result	Low Range	High Result	High Range	Strip Lot #	Exp. Dates BOTH strips / solutions
8-1	J. Doe, PM	33	29-59	320	260-420	700125	7-15-23 / 8-29-23
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							/
							/

Additional Checks: Document additional checks below if a new vial of strips is opened (NEW), the meter is dropped or if you believe that the results are not accurate (ERROR).

Date	EMS clinician- legible signature	Low Result	Low Range	High Result	High Range	Strip Lot #	Exp. Dates BOTH strips / solutions	Test Reason
8-4	J. Doe, PM	33	29-59	320	260-420	700125	7-15-23 / 8-29-23	Dropped
							/	
							/	
							/	
							/	

PEMSC (PRINT Name/signature): _____ Date: _____

HEMSC (PRINT Name/signature): _____ Date: _____