

Northwest Community EMS System Glucometer Daily Check

MS Provider:	_ Vehicle/Serial #	_Month/Year:
--------------	--------------------	--------------

Instructions: Test monitors daily with HI/LO solution and record results. Shake solution bottles well before using. Discard first drop of solution and wipe dispenser tip to ensure a good sample. Compare results with the ranges of expected results printed on test strip vial.

Begin a new sheet on the first day of each month

Begin a new sheet on the first day of each month.									
Date	LEGIBLE Signature	Badge # or Employee ID	LOW Result (blue top)	LOW Range (found on strip bottle)	HIGH Result (red top)	HIGH Range (found on strip bottle)	Strip Lot #	Notes: Exp. Date for BOTH strips / solutions	
EX	Ј. Дое	#12345	33	29-59	320	260-420	7103002	7-15-18 / 8-29-18	
1								/	
2								/	
3								/	
4								/	
5								/	
6								/	
7								/	
8								/	
9								/	
10								/	
11								/	
12								/	
13								/	
14								/	
15								/	
16								/	
17								/	
18								/	
19								/	
20								/	
21								/	
22								/	
23								/	
24								/	
25								/	
26								/	
27								/	
28								/	
29								/	
30								/	
31								/	