

**Audit MicroControls
Auditor QC Worksheet**

AUDIT MicroControls Product Number: _____

AUDIT MicroControls Lot Number: _____

INSTRUMENT USED: _____

INSTRUMENT SERIAL NO: _____

DATE OF RUN: _____

*Please sign to verify the following information
provided is correct and accurate to the best of
your knowledge:*

TECHNICIAN NAME: _____

TITLE: _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER: _____

FAX NUMBER: _____

*please be sure to fill out all above fields

	Analyte:		
Level	Value 1	Value 2	Value 3
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Notes:			

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You may send information by fax, email, or mail:

FAX: (760) 804-1589

EMAIL: technicalsupport@auditmicro.com

MAIL: AUDIT MICROCONTROLS C/O AUDITOR QC; 5670 EL CAMINO REAL, STE. C, CARLSBAD, CA 92008

If you should have any questions, feel free to reach us at: (866) 252-8348

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