

QUALITY ASSURANCE PROCEDURE REVIEW FORM DRAEGER ALCOTEST 9510

Reviewer: _____ Date: _____

SERIAL NUMBER: _____

Technician Performing QAP: _____ Date QAP Completed: _____

1. ___ Current Calibration Certificate revision used and all sections completed
 2. ___ All data entered on Draeger Alcotest 9510 Calibration Certificate (Cal Cert) matches corresponding data printed on Draeger Alcotest Calibration/Adjustment Record (Cal/Adj Record)
 3. ___ Cal/Adj Record lists the appropriate four digit reference value for the calibration adjustment performed
 4. Solution batch numbers and reference values listed on Cal Cert match those entered on the Cal/Adj Record
 5. All dates listed on the Cal/Adj Record are consistent with those listed on Cal Cert
 6. ___ Computations on Cal/Adj Record and Cal Cert are correct and include the correct number of decimal places.
 7. ___ Cal/Adj Record includes Technician's signature, and date
 8. ___ Sign and date the Cal Cert as the Technician Reviewing and Issuing the Certificate
- QAP/Calibration Acceptable
- QAP/Calibration Not acceptable. Reasons for noncompliance:

TECHNICIAN REVIEWING & ISSUING CERTIFICATE

DATE

TIME

By signing this review form I am documenting that I have reviewed all relevant pages of the documentation in the calibration record.