

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF AGRICULTURE
 BUREAU OF FOOD SAFETY AND LABORATORY SERVICES
 LABORATORY DIVISION

Facility/Laboratory Name: _____

SNAPSHOT PERFORMANCE CHECK SET

YEAR: _____ MONTH: _____

SERIAL # OF PERFORMANCE CHECK SET: _____

DAY	DEVICE 1:C/S _____	DEVICE 2:C/S _____	ANALYST ID# OR INITIALS
	-.15 _____ +.15 _____	-.30 _____ +.30 _____	
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1. Performance Check Set needs to be done day of use along with a positive and negative control.