X-RAYASSOCIATES INC. Daily Test Strips

*****REMINDER verify patency upon opening LOT #_____**

Date Opened:_____ Patency Check: PASS_____FAIL_____

***** Record New expiry date on the bottle (not past manufacturer date) (+6 months)**

DATE	TEST STRIP LOT #	DAILY TEMP	CONTAINER #1 **P-**Pass **F-**Fail	CONTAINER #2 **P-**Pass **F-**Fail	SIGNATURE