pennsylvania
DEPARTMENT OF AGRICULTURE
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

Facility/Laboratory Name: _____

SNAPSHOT PERFORMANCE CHECK SET

YEAR:_____   MONTH:_____

SERIAL # OF PERFORMANCE CHECK SET:_____

DAY	DEVICE 1:C/S _____ -.15_____ +.15_____	DEVICE 2:C/S _____ -.30_____ +.30_____	ANALYST ID# OR INITIALS
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			

1.   Performance Check Set needs to be done day of use along with a positive and negative control.