

MICROBIOLOGICAL QUALITY HISTORY RECORD

1. INSTALLATION NAME		2. PRODUCT NAME		
3. CONTRACTOR NAME	4. MATERIEL MANUFACTURER	5. SUPERVISOR		
		a. NAME <i>(Last, First, Middle Initial)</i>	b. TELEPHONE NUMBER <i>(Include area code)</i>	
6. DOCUMENT NAME(S)		7. INSPECTION TASK NAME(S) <i>(Cite appropriate table in AR 40-70)</i>		

8. INSPECTION TASK TEST DATE(S)		9. PRODUCT CODE	10. PRODUCT TEST NAME			11. PRODUCT TEST QUANTITIES					12. PRODUCT PATHOGEN IDENTIFIER	13. ACTION (REQUIRED)
TESTED DATE/TIME a.	RESULTS DATE/TIME b.		MONITOR a.	VERIFICATION b.	REINSTATEMENT c.	SPC/APC a.	COLI/ E. COLI b.	YEAST/ MOLD c.	KEEPING QUALITY d.	STATUS CONCEPT e.		

