

**Urine Specific Gravity Maintenance and QC Log**

Month \_\_\_\_\_

Refractometer ID: \_\_\_\_\_

Nursing Unit: \_\_\_\_\_

DAY OF MONTH	TIME QC DONE	CLEAN INSTR	OPERATOR INITIALS	CHARGE NURSE INITIALS	DISTILLED WATER 1.000 (+/- .0005)	LEVEL 1 Q.C.			LEVEL 2 Q.C.			Lab Review and Comments
						RANGE =	ROOM TEMP	RESULT	RANGE =	ROOM TEMP	RESULT	
						LOT #	EXP DATE		LOT #	EXP DATE		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

**QC MUST BE DONE EVERY 24 HOURS OF PATIENT TESTING**

**NIU = NOT IN USE FOR PATIENT TESTING**

Signature	Initials	Signature	Initials

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						RANGE =	LOT #	EXP DATE	RESULT	RANGE =	LOT #	
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												

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						RANGE =			RANGE =			
						LOT #	EXP DATE	RESULT	LOT #	EXP DATE	RESULT	
25												
26												
27												
28												
29												
30												
31												

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