MICROBIOLOGICAL QUALITY HISTORY RECORD

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

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.		

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.		