GC/MS Activity Log
Toxicology Unit

Version 2
Effective Date: 02/24/2016

Activity Log for GC/MS Model:_____ Instrument ID/ GC/MS Serial Number: _____ Year: _____

			X=performed						
Date	Initials	Sequence Name	Wash Vials Rinsed/Filled	Liner/O-Ring Changed	Syringe Check	He Tank Changed	Tune (OK:Pass, F:Fail)	Perf Check (OK:Pass, F:Fail)	Notes

Form Approved For Use By: Linda E. Farren

Digitally signed by Linda E. Farren
Date: 2016.02.23 15:33:31 -05'00'

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