

**MAINTENANCE LOG FOR POINT-OF-CARE TESTING DEVICE (Where applicable)**

Analyser : \_\_\_\_\_  
 Asset / Serial number : \_\_\_\_\_  
 Location and name of facility : \_\_\_\_\_  
 Month : \_\_\_\_\_

**a) Daily**

Item \ Date	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	
Operator initials																																

**b) Weekly**

Item \ Date	1	2	3	4
Operator initials				

**c) Monthly**

Item \ Date	
Operator initials	

Reviewed by: \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date : \_\_\_\_\_