|  |  |  |
| --- | --- | --- |
| **Lab:** | **Building #:** | **Room #:** |
| **Equipment: Ion OneTouch ES** | **Equipment ID:** |  |
| **Manufacturer: Life Technologies/Ion Torrent** | **Model # :** | **Log Start Date:** |
| **Serial #:** | **ESO/CDC Barcode #:** | **Log End Date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Perform Residual Volume Test Monthly** | | | | | |
| **Residual Volume Test**  **Date Performed** | **Residual volume ≤5µL?**  (If Yes, reagents prepared and 8-well strip filled) | **Residual volume >5µL?**  (If Yes, restore defaults and perform calibration) | **Aspiration irregular?**  (If Yes, restore defaults and perform calibration) | **8-well strip lifts?**  (If Yes, verify tip placement, restore defaults and perform calibration) | **Initials** |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
|  | Yes  No | Yes  No | Yes  No | Yes  No |  |
| **Perform Syringe Lubrication Annually** | | | | | |
| **Syringe Lubrication Date Performed** | | **Initials** | **Comments** | | |
|  | |  |  | | |

Approval Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_