EMS GLUCOSE TESTING CHECKLIST

<table>
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<tr>
<th>Laboratory Name</th>
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<tr>
<td>Address</td>
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<td>Physician/Director</td>
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- __CLIA CERTIFICATE OF WAIVER__  CFR 493.3  EXPIRATION DATE: _______________________
- __VERIFY THAT PERSONNEL IS COMPETENT TO PERFORM TESTS__  NAC 652.155.2(b)(1)
  - Documented training for each personnel
- __ENSURES TESTS PERFORMED ACCORDING TO MANUFACTURER’S INSTRUCTIONS__  NAC 652.155.2(b)(2)
  - Current manufacturer’s instructions available
  - Proper storage of reagents/kits – temps monitored:  room____  range_______
  - Expiration dates not exceeded
  - Modify expiration date of QC vial(s) upon opening
  - Glucometer cleaned after each use
  - No penlet device used for lancets or insulin delivery
- __CONTROLS USED FOR VALIDATION/ VERIFICATION__  NAC 652.155.2(b)(3)
  - Quality control(s) tested according to manufacturer’s instructions
  - Quality control result(s) in acceptable range
- __SAFETY NAC 652.155 3 (a)__
  - Written policy prohibits eating, drinking, smoking and storage of food in testing area
  - Proper disposal of biohazardous waste
  - Sharps container/appropriate (puncture proof), no reusing or recapping of needles
  - Eye wash available
  - Proper disinfection of testing area
- __PROPER PERSONNEL CERTIFICATION FOR GLUCOSE TESTING__  NAC 652.155.3(b)
  - Certified advanced EMT or paramedic
  - Certified as Office Lab Assistant for EMT