

FRAZIER MEDICAL SUPPLY, inc.

BATCH QUALITY CONTROL LOG

Product: Liquid Oxygen **Shipper:** Praxair Prescott, AZ **Phone:** 445 3531

Date: ___ / ___ / ___ **Truck No:** _____

Vessel Type: Cryofab CHD425 **Serial #:** _____

(or) **GPOM 4500**

Master Control Date: ___ / ___ / ___ **Lot No:** _____

Analyzer Make: CERAMETEC	Analyzer Model No: MAXO - 2	Analyzer Serial No:
Tested/Completed by:		Checked by:
% Oxygen	Test Date	Visual Inspection, Notes

TRANSFILLING LOG

DATE	CUSTOMER NAME	UNIT SERIAL #	USP & VISUAL	NEXT SERVICE DUE	NO. LBS.	INIT

134-11