**Juniata College Science in Motion Quality Control Form**

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**Delivery or Visit Date** **School**

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**Teacher(s)**

**Sample**

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**Lab**

1. Was all of the equipment functioning properly? Yes No N/A

If not, please provide details below. If an instrument is not functioning

properly, please record below the number on the instrument.

1. Were enough materials and consumables included? Yes No N/A

If not, please provide details below.

1. Was anything missing from the kit? Yes No N/A

If so, please provide details below.

1. Was anything broken when you received the kit? Yes No N/A

If so, please provide details below.

1. Was anything broken while the kit was at your school? Yes No N/A

If so, please provide details below.

1. Please provide any additional comments (good or bad) below:

Bio \_\_\_\_\_\_ Delivery \_\_\_\_\_\_

Chem \_\_\_\_\_\_ Visit \_\_\_\_\_\_

MS \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Tech \_\_\_\_\_\_  **Lab Assistant Initials**