Juniata College Science in Motion Quality Control Form

_____ _____

Delivery or Visit Date **School**

_____

Teacher(s)

_____

Lab

1.	Was all of the equipment functioning properly? If not, please provide details below. If an instrument is not functioning properly, please record below the number on the instrument.	Yes	No	N/A
2.	Were enough materials and consumables included? If not, please provide details below.	Yes	No	N/A
3.	Was anything missing from the kit? If so, please provide details below.	Yes	No	N/A
4.	Was anything broken when you received the kit? If so, please provide details below.	Yes	No	N/A
5.	Was anything broken while the kit was at your school? If so, please provide details below.	Yes	No	N/A

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

Bio _____	Delivery _____
Chem _____	Visit _____
MS _____	_____
Tech _____	**Lab Assistant Initials**