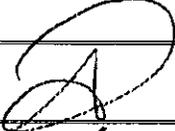
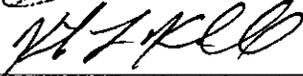
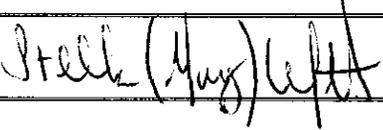


**Vermont Department of Health Laboratory**  
**Procedure and Document Review Coversheet**

Document Title: Simulator Solution Preparation Log	
Document #: Chem 642	Revision #: 2
File Name:	
Author or Editor: Steven Merrill	Owner: Organic Chemistry Program Chief
Start Date: 07/29/2011	Due Date:

Name and Title of Reviewers	Signature	Comments? Y/N *	Date of Signature	Control Copy #
Amanda Bolduc PH Chemist III		Y <input checked="" type="checkbox"/>	7/29	
Kirk L. Kimball Program Chief		N <input type="checkbox"/>	7/29	
Edmund Luce QC Officer	Unavailable - on leave 8/2/11 	<input type="checkbox"/>		
Stella Celotti Laboratory Director		N <input type="checkbox"/>	8/1/11	
		<input type="checkbox"/>		

\* ( ✓ ) in checkbox indicates reviewer comments have been discussed and incorporated if applicable.







**Bryce-Parrott, Cara**

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**From:** Celotti, Stella

**Sent:** Tuesday, August 02, 2011 3:58 PM

**To:** Kimball, Kirk

**Cc:** Bryce-Parrott, Cara

**Subject:** Procedure and Form Approved

Kirk, P-ALC-117, Rev 1, Laboratory Calibration of the DataMaster DMT and Chem 642, Rev 2, Simulator Solution Preparation Log, have been approved and can be moved to Document Control. Thanks, Stella.

Mary (Stella) Celotti  
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Vermont Department of Health Laboratory

Form Approval Tracking Sheet

Form Data

Form Number: CHEM 642 Revision: 1 Effective Date: 3/24/99  
(Prefix) (Number)

Title: Simulation Solution Preparation Log

What SOPs reference this form? P-ALC-202

Program or Unit: ALC File Name: seagull/Public/Doc. Control/Alcohol/Forms/  
CHEM 642 Rev 1 Mar 99

Review Section

A copy of the form to be reviewed is attached. Please initial and date in this section; comments may be continued on the back of this sheet.

Reviewed by:	Initials / Date	Comments	Response
Customer Service Unit			(required for all comments suggesting a change)
Microbiology Unit			
Chemistry Unit	CB 3/23	I agree - form looks good!	
Alcohol Unit	T.M 3/19	y - Target Conc. (✓)	
	J.M JCM 3/23/99		
QA Coordinator	VC 3/30/99		

Approval Section

Approved by: Initials / Date Comments

Program Chief / Supervisor: [Signature] 3/23/99

Laboratory Administrator: [Signature] 3/24/99

Laboratory Director: [Signature] 4/6/99

