CALIBRATION RECORD SHEET

Format No.:

Work Station	Equipment / Device ID	Equipment / Device Name	Range	Brand	Calibration Date	Control Range	Future Calibration	Calibration Made	Report No. & Date	Result	Malfunction Reported? YES/NO	Action Plan – Reference Doc. No	Current Status

Comments of Quality Control / Quality Assurance Manager:

Random Inspection by Q.A. / Q.C. Manager by Dated. : _____ Signature: _____