

CALIBRATION REJECTION TAG

NAME OF DEPT.: -		DATE: -	
DETAILS	NAME: - _____ EQUIPMENT / INSTRUMENT ID NO. :- _____		
	RANGE: - _____		
	CALIBRATION STATUS: - DONE ON – _____ DUE ON – _____		
REASON FOR REJECTION			
PARTICULARS	<i>Any Identification mark on Rejected Instrument/ Equipment?</i>		Yes / No.
	<i>If Yes, Which type of method used?</i> _____		
	<i>Rejected instrument/ equipment removed from the system?</i>		Yes / No.
<i>Calibration History report updated?</i>		Yes / No.	
<i>If Yes, When?</i> _____			
PREPARED BY		REVIEWED BY	