

EQUIPMENT CALIBRATION FORM

Format No.: _____

Date of Calibration: _____

A. Details of equipments:

Name Of equipment : _____
 Equipment Identification No.: : _____
 Make & Model : _____
 Range of Equipment : _____

B. Details of equipments calibration:

Calibration Date (Previous) : _____
 Calibration Period : _____
 Standard / Method used For : _____
 Calibration : _____

C. Calibration Data : (* Table format are given blank, fields are set as Laboratory's requirements)

D. Equipment's Usage Limitation, if Any...

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	Equipment is qualified for use		Equipment is not qualified for use
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E. Corrective Action taken, if any:

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F. Next Due Date for Calibration:

G. Specific Remark, if any:

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Calibration Done by (Chemist)	Varified By (Chemist)	Laboratory Managmer / Technicial Manager
Signed By		