MEASURE EQUIPMENT INFORMTION FORM

FORMAT NO.:

Name of Device / Equipment: _____

Device / Equipment Code: _____ Measuring Range: _____

Brand: _____ Device Serial No.:_____

CALIBRATION DATE	CONTROL RANGE	FUTURE CALIBRATION	CALIBRATION MADE	REPORT NO.	THE RESULT

Malfunction Description	Malfunction Date / Time	Fault notification	Responsible	Checked

Engineer – Quality

Engineer – Calibration

Manger – Quality Control / Quality Assurance