

Calibration Worksheet

NC Department of Labor Occupational Safety and Health Division

Instrument Type: <input type="checkbox"/> Air <input type="checkbox"/> Noise <input type="checkbox"/> Other		Pre-Sampling Calibration			Post-Sampling Calibration	
Instrument (Mfg, MN, SN):	Results/Calculations:	Calibrator: (<input type="checkbox"/> Same as Pre-Cal)		Location: (<input type="checkbox"/> Same)		
Calibrator (Mfg, MN, SN):		Results/Calculations:				
Location/T, BP & Alt:		Date/Time:	Initials:	Battery Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Initials:
<input type="checkbox"/> Same calibrator/location as above						

Instrument Type: <input type="checkbox"/> Air <input type="checkbox"/> Noise <input type="checkbox"/> Other		Pre-Sampling Calibration			Post-Sampling Calibration	
Instrument (Mfg, MN, SN):	Results/Calculations:	Calibrator: (<input type="checkbox"/> Same as Pre-Cal)		Location: (<input type="checkbox"/> Same)		
Calibrator (Mfg, MN, SN):		Results/Calculations:				
Location/T, BP & Alt:		Date/Time:	Initials:	Battery Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Initials:
<input type="checkbox"/> Same calibrator/location as above						

Instrument Type: <input type="checkbox"/> Air <input type="checkbox"/> Noise <input type="checkbox"/> Other		Pre-Sampling Calibration			Post-Sampling Calibration	
Instrument (Mfg, MN, SN):	Results/Calculations:	Calibrator: (<input type="checkbox"/> Same as Pre-Cal)		Location: (<input type="checkbox"/> Same)		
Calibrator (Mfg, MN, SN):		Results/Calculations:				
Location/T, BP & Alt:		Date/Time:	Initials:	Battery Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Initials:
<input type="checkbox"/> Same calibrator/location as above						

Instrument Type: <input type="checkbox"/> Air <input type="checkbox"/> Noise <input type="checkbox"/> Other		Pre-Sampling Calibration			Post-Sampling Calibration	
Instrument (Mfg, MN, SN):	Results/Calculations:	Calibrator: (<input type="checkbox"/> Same as Pre-Cal)		Location: (<input type="checkbox"/> Same)		
Calibrator (Mfg, MN, SN):		Results/Calculations:				
Location/T, BP & Alt:		Date/Time:	Initials:	Battery Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Initials:
<input type="checkbox"/> Same calibrator/location as above						

Instrument Type: <input type="checkbox"/> Air <input type="checkbox"/> Noise <input type="checkbox"/> Other		Pre-Sampling Calibration			Post-Sampling Calibration	
Instrument (Mfg, MN, SN):	Results/Calculations:	Calibrator: (<input type="checkbox"/> Same as Pre-Cal)		Location: (<input type="checkbox"/> Same)		
Calibrator (Mfg, MN, SN):		Results/Calculations:				
Location/T, BP & Alt:		Date/Time:	Initials:	Battery Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Initials:
<input type="checkbox"/> Same calibrator/location as above						