

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					

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