

Hydraulic Press Force Calibration Record

Equipment Name:	Equipment ID:
Make/Model:	Capacity:
Location:	Date of Calibration:
Calibrated By:	Next Due Date:

Calibration Data

Reference Load (kN)	Indicated Load (kN)	Difference (kN)	Allowable Tolerance (kN)	Remarks

Remarks: _____

Calibrated By (Name & Signature): _____ Date: _____

Checked By (Name & Signature): _____ Date: _____
