

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: _____
