

Production Equipment Calibration Checklist

Quality Control

Checklist No.:

Date:

Location:

Equipment Type:

Equipment Name:

Equipment ID/Serial No.:

Calibration Due Date:

Manufacturer:

No.	Calibration Item	Acceptable Limit/Standard	Pass ("") / Fail ("")	Remarks	Checked By
1					
2					
3					
4					
5					

Last Calibration Date:

Next Calibration Date:

Performed By:

Verified By:

Technician Signature

QC Inspector Signature

Date