

# Laboratory Balance Equipment Calibration Record

## Equipment Details

Equipment Name:

Model / Type:

Serial Number:

Location:

Calibration Date:

Next Calibration Due:

## Calibration Results

Test Load	Standard Weight (g)	Observed Reading (g)	Difference (g)	Pass/Fail
1				
2				
3				

## Remarks

Calibrated By:  Date:

Reviewed By:  Date: