

# Instrument Calibration Verification Form

## Quality Control

Instrument Name:

Instrument Model/ID:

Serial Number:

Location:

Date:

Technician:

Standard Used	Reference Value	Measured Value	Allowed Tolerance	Pass/Fail	Comments
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Remarks:

Technician Signature

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Date: \_\_\_\_\_  
Supervisor Signature

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Date: \_\_\_\_\_