

# Weighing Scale Calibration Record Sheet

Equipment Name:

Identification/Serial No.:

Location:

Model:

Calibration Date:

Next Due Date:

Calibration Performed By:

Standard Weight	Observed Weight (g)		Deviation (g)	Acceptance Criteria	Pass/Fail
	Trial 1	Trial 2			

Remarks / Notes:

Calibrated By:

Checked By:

Approved By:

Date:

Date:

Date: