

Laser Cutter Calibration Certification Sheet

Date: _____ Machine ID/Name: _____

Make/Model: _____ Location: _____

Operator Name: _____ Technician Name: _____

Calibration Checks

| Check | Pass | Fail | Notes |
|---------------------|------|------|-------|
| Focus alignment | | | |
| Beam alignment | | | |
| Bed level | | | |
| Lens/Optics cleaned | | | |
| Test cut quality | | | |
| Exhaust functioning | | | |

Additional Notes

Certified By: _____ Signature: _____ Date: _____