

**CALIBRATION RECORDING FORM – Stationary Infant Scale**  
*Check calibration upon installation and monthly thereafter with a test weight*

Site: \_\_\_\_\_  
 Equipment location: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Date	Name of person checking equipment	In Calibration, Under, Over	How much out of calibration?	Acceptable? (tolerance 0.01 kg) (Y/N)	All parts present and in good shape (Y/N)	Comments/Action (if required)
<i>Example: Sept</i>	<i>Jill B.</i>	<i>Under</i>	<i>0.03 kg</i>	<i>N</i>	<i>Y</i>	<i>Notified manager</i>
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						





**CALIBRATION RECORDING FORM – Stationary Infant length board**  
*Check calibration upon installation and monthly thereafter with a calibration rod*

Site: \_\_\_\_\_  
 Equipment location: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Date	Name of person checking equipment	In Calibration, Under, Over	How much out of calibration?	Acceptable? (tolerance 1 cm) (Y/N)	All parts present and in good shape (Y/N)	Comments/Action (if required)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						





**CALIBRATION RECORDING FORM – Stationary Stadiometer**  
*Check calibration upon installation and monthly thereafter with a calibration rod*

Site: \_\_\_\_\_  
 Equipment location: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Date	Name of person checking equipment	In Calibration, Under, Over	How much out of calibration?	Acceptable? (tolerance 1 cm) (Y/N)	All parts present and in good shape (Y/N)	Comments/Action (if required)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						





**CALIBRATION RECORDING FORM – Child/adolescent scale**

*Check calibration upon installation and monthly thereafter with a test weight. Schedule for annual professional calibration*

**Site:** \_\_\_\_\_  
**Equipment location:** \_\_\_\_\_  
**Manufacturer:** \_\_\_\_\_

Date	Name of person checking equipment	In Calibration, Under, Over	How much out of calibration?	Acceptable? (tolerance 0.1 kg) (Y/N)	All parts present and in good shape (Y/N)	Comments/Action (if required)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						