

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)
Example: Sept	Jill B.	Under	0.03 kg	N	Y	Notified manager
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						



## **CALIBRATION RECORDING FORM – Portable Infant Scale**

Check calibration at least once per day if used daily or before each use, if used less frequently with a test weight

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Site and equipment location:						
Month/Year:	<del></del>					

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)
Example: Sept 6 2018	Jill B.	Under	0.03 kg	N	Y	Notified manager



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

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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 - Portable infant length board**

Check calibration at least once per day if used daily or before each use, if used less frequently with a calibration rod

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Site:		_	
Equipment location:		_	
Manufacturer:		_	

required)	Comments/Action (if require	All parts present and in good shape (Y/N)	Acceptable? (tolerance 1 cm) (Y/N)	How much out of calibration?	In Calibration, Under, Over	Name of person checking equipment	Date
	Notified manager	Y	N	2 cm	Under	Jill B.	Example: Sept 6 2018
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## CALIBRATION RECORDING FORM – Stationary Stadiometer

Check calibration upon installation and monthly thereafter with a calibration rod

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Site:	<u></u>	
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 – Portable Stadiometer**

Check calibration at least once per day if used daily or before each use, if used less frequently with a calibration rod

Site:	
Equipment location: Manufacturer:	<del></del>

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)
Example: Sept 6 2018	Jill B.	Under	2 cm	N	Y	Notified manager



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

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

Check dampiation apon installation and monthly thereafter with a test weight. Concade for annial professional dampiation

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						