

Lab Equipment Calibration

Lab Id	Lab Name
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Total Equipment: _____

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Id Nbr.	ODOT Equip. Id	Serial Number	Manufacturer Name	Model Number	Calib. Source	Calib. Method	Verif. Procedure	Calib. Form	ODOT Form 72b	Equip. Manual	Freq. (Months)	Calib. Due Dt.
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Action Status

Date

Technician

Certificate