

Lab Equipment Calibration

Lab Id Lab Name

Total Equipment: _____

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.

Action Status

Date

Technician

Certificate