Equipment Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calibrator : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manufacturer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID No. / Serial No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No. / Serial No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Calibration Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closed Out : ACCEPTED REJECTED OTHERS

Comment (If Any ) :

All dispositions taken has been conducted and competed.

QA/QC Manager, Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition taken :

QC Manager, Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken :

Initial : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature: \_\_\_\_\_\_\_\_\_\_

Description of Non-Conformance:

Initiator, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Signature \_\_\_\_\_\_\_\_\_\_\_