|  |  |  |  |
| --- | --- | --- | --- |
| EQUIPMENT CALIBRATION AND CONTROL CHECK RECORD | | | |
| Ship: | | | |
| Complete either section (A) for calibration and/or (B) for a control check as necessary **Control checks recorded elsewhere in the safety and quality management system need not be recorded here.** | | | |
| *SECTION A - Calibration* | | | *SECTION B – Control Check* |
| Calibration Master List (OP61) Ref No(s) | | | Calibration Master List (OP61) No(s) |
| Item(s): | | | Item(s): |
| Calibration Frequency: | | | Control Check Frequency (where applicable) |
| Performed by: | | | Performed by: |
| Department: | | | Department: |
| Reference to a traceable Standard: | | | Reference to a traceable Standard / known value: |
| Standard Tolerance / Range:  Acceptable (Y/N) | | | Standard Tolerance / Range / known value:  Acceptable (Y/N) |
| The practical usage of this equipment requires less measurement accuracy and greater tolerance is acceptable as follows: | | | The practical usage of this equipment requires less measurement accuracy and greater tolerance is acceptable as follows: |
| Offset identified: | | | Offset identified: |
| Do measurements done before this CA need to be corrected: | | | Do measurements done before this CC need to be corrected: |
| Description of calibration: | | | Description of control check: |
| ***Carried Out*** | | | ***Notes***  *Abbreviations: CA - Calibration, CC - Control Check,*  *M - Maintenance, R - Renewal of Item* |
| ***Date*** | ***By*** | ***Signature/Rank*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Carried Out*** | | | ***Notes***  *Abbreviations: CA - Calibration, CC - Control Check,*  *M - Maintenance, R - Renewal of Item* |
| ***Date*** | ***By*** | ***Signature/Rank*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |