Vessel:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date / time** | **Clean / sterile medical store ID:** | **Strictest conditions required**  **(Temp. °C and RH %)**  in the absence of such use t=16-25°C, rh = 30-75%)) | | **Conditions actually measured** | | **Corrective action taken if outside range** | **Equipment (model / make) used for measurement and last verification of calibration** | | | **Responsible person:** |
| Temp °C  min-max | Rel. Hum. %  min-max | T°C | RH % |  | For T°C | For RH % | Last calibration |
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*add more pages as needed*

**Chief Engineer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_