**Out of Calibration Form**

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| **Investigation No.:** |  |

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| Instrument ID: |  | Instrument Model: |  |
|  |  | Instrument Description: |  |

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| Calibration Date: |  | Calibration Tolerance: |  |
| Calibration Frequency: |  | OOC Result: |  |

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| **Lab Investigation:**   |  |  |  | | --- | --- | --- | |  | **Items Reviewed (check all that apply)** | **Findings Acceptable?** | | 🞏 | Technician training | 🞏 Yes 🞏 No | | 🞏 | Calibration procedure | 🞏 Yes 🞏 No | | 🞏 | Standards used for calibration | 🞏 Yes 🞏 No | | 🞏 | Environmental conditions | 🞏 Yes 🞏 No | | 🞏 | Other: | 🞏 Yes 🞏 No |   Comments: | |
| **OOC root cause found?** | 🞏 Yes - Results are invalid. Repeat the testing.  🞏 No - Results are valid. Continue to Impact Assessment. |

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| **Impact Assessment:** | |
| **Assessment findings:** | 🞏 No impact to GxP process 🞏 Impact to GxP process |

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| **Corrective / Preventive Actions:**   |  |  |  | | --- | --- | --- | |  | Items Reviewed (check all that apply) | Action Completed? | | 🞏 | Instrument repaired | 🞏 Yes 🞏 No - Due date: | | 🞏 | Instrument removed from service | 🞏 Yes 🞏 No - Due date: | | 🞏 | Instrument replaced | 🞏 Yes 🞏 No - Due date: | | 🞏 | Analyst training | 🞏 Yes 🞏 No - Due date: | | 🞏 | Other: | 🞏 Yes 🞏 No - Due date: |   Comments: |

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| **Conclusion:** |

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| **Investigation Completed By:** |  | **Date:** |  |

**Final Approvals**

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|  |  | **Print Name** |  | **Signature** |  | **Date** |
| **Instrument Owner** |  |  |  |  |  |  |
| **Quality** |  |  |  |  |  |  |

**Attachments**

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| **Number** | **Description** |
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| **Entered By:** |  | **Date:** |  |
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| **Reviewed By:** |  | **Date:** |  |