

	Title	Protocol Number
	<b>Installation/Operational Qualification for the New Blending Suite in Building 1</b>	<b>IQOQ2020-020 Rev 0</b>

### Attachment 13 – Instrument Calibration Verification

#### Objective:

The objective of this section is to verify that all critical instruments are identified, are currently calibrated, have correct range for the intended use, and are in the Aphena calibration program.

#### Procedure:

1. Document the results for critical instruments in the following table. Record information regarding the instrument description, Aphena ID, date of calibration, and calibration due date.
2. Verify that a calibration certificate is available and attach a copy to this Attachment. Verify that the accuracy and range are proper for the intended purpose.
3. Non-critical instruments not requiring calibration must be labeled as such.

#### Acceptance Criteria:

All critical instruments are identified, are currently calibrated, have correct range for the intended use, and are in the Aphena calibration program.

#### Result:

Have the acceptance criteria been met? (Y/N) \_\_\_\_\_ If Not, Deviation No: \_\_\_\_\_

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



	Title	Protocol Number
	Installation/Operational Qualification for the New Blending Suite in Building 1	IQQQ2020-020 Rev 0

**Attachment 13 – Instrument Calibration Verification (Cont.)**

Instrument Description	Instrument ID	Calibration Date	Calibration Due Date	Certificate Attached?	Accuracy and Range?	Performed By / Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

---

---

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_