	CALIBRAT		Calil	bration Blue	e Sheet
Date:				Contract #:	
Company:					(Office Use Only <b>)</b>
Comp ID:					
Instr Type:					
Sub-Type:					
Description:					
Manufacturer: Model: Serial:					
Department:					
Location: Contact Name:				Phone:	
Last Cal Date: Cal Interval:		(In months, i.e. <b>12 Mont</b> l	hs)		
Inst Range:					
Req Cal Points:					
Tolerance Req:					
Remarks:					
Cust Signature:			En	nail:	
Decision rule: The calibration within the cer was taken using the instrume into the pass/fail conformity the coverage factor k=2, which	ent in the normal manner and accore statement. The reported expanded i ch for a normal distribution correspo	or another National Metrology Institu ding to the manufacturer's or other p uncertainty of measurement is stated onds to a coverage probability of app ort shall not be reproduced except in	oublished p d as the sta proximatel	procedure, as applicable. Un indard uncertainty of measu y95%. This calibration certifi	certainty is not factored irement multiplied by cate complies with ISO/

REV. DATE: 08-Dec-23

Validation. These results are only for this instrument.

## **PROPRIETARY INFORMATION**