

# CALIBRATION OBSERVATION

JAN 2017

Calibration Process	
Observer	Technician
1.	1.
MFR:	Model Number:
Description:	Job Number:

### Measurement and Test Equipment Calibration Part 1:

<input type="checkbox"/>	Visual inspection of equipment for obvious physical damage, loose parts and debris	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Cal void seals: <input type="checkbox"/> Intact <input type="checkbox"/> Broken <input type="checkbox"/> Missing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Included Accessories:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Appropriate warm up time if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Standards Part 2:

<input type="checkbox"/>	Selection of standards and support equipment suitable and appropriate for task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Appropriate warm up time if required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Standardize or zero standards prior to use if applicable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Assure calibration dates are valid	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Measurement and Test Equipment Calibration Part 3: Reference Documents Required

<input type="checkbox"/>	SOI 200-I, Calibration Intervals
<input type="checkbox"/>	SOP 210-P, Calibration Procedures
<input type="checkbox"/>	SOP 305-P Handling of Calibration Items
<input type="checkbox"/>	SOP 420-P, General Work Processing
<input type="checkbox"/>	SOP 500-P Contract Review Subcontracting
<input type="checkbox"/>	SOP 510-I Reporting Out of Tolerance Conditions
<input type="checkbox"/>	SOP 540-I Accommodation and Environmental
<input type="checkbox"/>	SOP 550-P Measurement Uncertainty
<input type="checkbox"/>	SOP 555-P Measurement Traceability

### Performance of Calibration

1.	Did technician follow appropriate procedures in performing task	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Deficiencies noted:		
3.	Corrective action procedures required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	If corrective actions warranted, set date for follow up calibration observation	Date:	

SIGNATURE	DATE