BALANCE CALIBRATION CHECKS

PERFORMED MONTHLY

Acceptance Criteria ± 5%

Balance Model: _____ _____ **Balance ID:** _____

Weight Set ID: _____

Date	Low Range			Mid Range			High Range			Initials
	Standard Mass	Balance Reading	Acceptable? Y or N	Standard Mass	Balance Reading	Acceptable? Y or N	Standard Mass	Balance Reading	Acceptable? Y or N	

Service check by qualified representative to be performed at least annually.

Date of Last Service Check:_____ Service Check performed by:_____

Comments: _____

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