

**ARKANSAS VACCINES FOR CHILDREN
CALIBRATION CERTIFICATE FORM**



This form is for Clinics/ Hospitals with self-calibration certificates. This Calibration complies with ISO/IEC 17025, ANSI/NCSL Z540-I and 9001.

Clinic ID Name: _____ VFC Pin #: _____

Clinic Address: _____

Clinic Director: _____

Calibration Tool Maker: _____ Calibration Tool Model: _____

Calibration Tool Serial #: _____

..... **REFRIGERATOR-IDENTIFICATION NUMBER**

Temperature Range:	
Temperature Measured:	
Actual Temperature:	
Uncertainty:	
Unit in Tolerance:	Yes No
Unit of Measure:	
Date of Calibration:	
Customer Specified Due Date:	

..... **FREEZER-IDENTIFICATION NUMBER**

Temperature Range:	
Temperature Measured Actual Temperature:	
Uncertainty:	
Unit in Tolerance:	Yes No
Unit of Measure:	
Date of Calibration:	
Customer Specified Due Date:	
Service Technician Name:	
Service Technician Signature	

CUSTOMER NAME: _____