



R-X CALIBRATION RECORD

Name of farm/building identification: PID#:

Site Manager: Person in charge: Date:
(yy/mm/dd)

ON-FARM FEED MILL EQUIPMENT CALIBRATION

Equipment: Main scale		Model:			Type: Scale			
Date of Calibration (yy/mm/dd)	Capacity	Units of Measure (kg or g)	Variation Test $\pm 0.2\%$	Actual Weight	Difference	Within Tolerance?		Verification (Initials)
						YES	NO	
2018/09/15	20,000	kg	40	19,960	(40.00)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JB
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

Equipment: Micro scale		Model:			Type: Measure device			
Date of Calibration (yy/mm/dd)	Capacity	Units of Measure (kg or g)	Variation Test $\pm 5\%$	Actual Weight	Difference	Within Tolerance?		Verification (Initials)
						YES	NO	
2018/09/15	1,000	kg	50	950	(50)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JB
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

Equipment: Mixer		Model:			Type: Mixer			
Date of Calibration (yy/mm/dd)	Capacity	Units of Measure (kg or g)	Variation Test $\pm 15\%$	Actual Weight	Difference	Within Tolerance?		Verification (Initials)
						YES	NO	
2018/09/15	1,000	kg	150	1,000	–	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JB
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	



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WATER MEDICATOR CALIBRATION

Procedure Completed By (Name)	Date of Calibration (yy/mm/dd)	Person in Charge (Initials)