

**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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Name of farm/building identification: PID#:

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

WATER MEDICATOR CALIBRATION

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