SERCC PROFICIENCY TEST

SECTION I: BASIC INFORMATION

1. SERCC # QM-

2. PRONUNCIATE: ☐ JFB ☐ JAQ

3. NAME

4. LOCATION

5. SHOP CODE

6. PROCEDURE

6a. NUMBER

6b. REVISION

6c. REVISION DATE

7. TEST INSTRUMENT (TI)

7a. CAGE/MFR

7b. MODEL NUMBER

7c. NOMENCLATURE

7d. SERIAL NUMBER

8. MEASUREMENT AREA:

9. TECHNICIAN NAME *(print or type)*

10. TECHNICIAN STAMP/ID #

11. RECORD THE LABORATORY ENVIRONMENTAL CONDITIONS BELOW:

	DATE	TIME	TEMP	HUMIDITY
BEGIN				
END				

SECTION II: QUESTIONS/ANSWERS

QUESTION	ANSWER	REMARKS
1. Was the shop environment within limits:		
a. At the start of the calibration?	☐ YES ☐ NO ☐ N/A	
b. At the end of calibration?	☐ YES ☐ NO ☐ N/A	
2. Did the technician review the procedure prior to starting the calibration?	☐ YES ☐ NO ☐ N/A	
3. Were the specified standard(s) and accessories available?	☐ YES ☐ NO ☐ N/A	
4. Were substitutions proper?	☐ YES ☐ NO ☐ N/A	
5. Were equipment warm-up/stabilization periods observed?	☐ YES ☐ NO ☐ N/A	
6. Did the technician fully understand the procedure & the techniques involved?	☐ YES ☐ NO ☐ N/A	
7. Was the calibration setup correctly?	☐ YES ☐ NO ☐ N/A	
8. Did the technician use the standard with confidence and make measurements accurately?	☐ YES ☐ NO ☐ N/A	
9. Did the technician repeat measurements to verify questionable results?	☐ YES ☐ NO ☐ N/A	
10. Was the procedure adequate?	☐ YES ☐ NO ☐ N/A	
11. Were calibration measurements found within required tolerance?	☐ YES ☐ NO ☐ N/A	
12. Did the technician make a first run on the TI before making any adjustments?	☐ YES ☐ NO ☐ N/A	
13. If adjustments were made, was an OOTN initiated?	☐ YES ☐ NO ☐ N/A	
14. Identify label affixed:	☐ YES ☐ NO ☐ N/A	
15. Was the calibration label correctly annotated and applied?	☐ YES ☐ NO ☐ N/A	
16. Was the recall date assigned correctly?	☐ YES ☐ NO ☐ N/A	
17. Was a meter card/service report/OOTN available?	☐ YES ☐ NO ☐ N/A	
18. Was a Report of Calibration completed? *(if yes, attach copy)*	☐ YES ☐ NO ☐ N/A	
19. If yes to 18, was the Report of Calibration formatted and completed correctly	☐ YES ☐ NO ☐ N/A	

20. AUDITOR NAME *(print or type)*

21. AUDITOR SIGNATURE AND DATE

*Section III and this column utilized as needed, all other fields required.
Complete all required fields and mark unused optional fields with N/A.

PRINT

*SECTION III: TECHNICAL EVALUATION RECORD OF EQUIPMENT USED

1. STANDARDS/CALIBRATION EQUIPMENT USED FOR CALIBRATION OF:

2. ICP NUMBER	3. MFR CAGE	4. MODEL NUMBER	*5. SUBSTITUTION: Nomenclature and Serial Number *(if applicable)*	6. SERIAL NUMBER	7. NOMENCLATURE	8. LAST CALIBRATION DATE	9. DUE DATE

SECTION IV: OBSERVATIONS/COMMENTS

1. DESCRIBE OBSERVATIONS/COMMENTS

2. AUDITOR NAME *(print or type)*	3. AUDITOR SIGNATURE AND DATE

*Section III and this column utilized as needed, all other fields required.
Complete all required fields and mark unused optional fields with N/A.

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