

SERCC QUALITY VERIFICATION REPORT

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|--|--|-----------------------------------|--------------------------------|
| TECHNICIAN NAME: | | OBSERVER: | |
| STAMP NUMBER: | | MONTH SCHEDULED | |
| DATE: | LOCATION: 101U | <input type="checkbox"/> IN HOUSE | <input type="checkbox"/> FLEET |
| | FACILITY: | | |
| ITEM CALIBRATED | | | |
| PART NUMBER: | | ECN: | |
| CAGE CODE: | | ICN: | |
| SERIAL NUMBER: | | | |
| NOMENCLATURE: | | | |
| CALIBRATION PROCEDURE NUMBER: | | | |
| OBSERVATION RESULTS | | SAT | UNSAT |
| 1. Selection of correct calibration procedure. | | | |
| 2. IQR Validated. | | | |
| 3. Use of proper calibration techniques. | | | |
| 4. Use of correct standards and/or test equipment. | | | |
| 5. Followed Safety Procedures. | | | |
| 6. Cleanliness of work area. | | | |
| 7. Temperature/Humidity monitoring and control. | | | |
| 8. Observation of selected measurement results or correction of malfunction. | | | |
| 9. PROCEDURE STEP NUMBER | NOMINAL VALUE | OBSERVED VALUE | |
| | | | |
| | | | |
| 10. Material Defects: | | | |
| 11. Procedural: | | | |
| 12. Documentation: | | | |
| OVERALL RATING | <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY | | |
| DISCREPANCIES | | | |
| 1. | | | |
| 2. | | | |
| ACTIONS REQUIRED | | | |
| 1. | | | |
| 2. | | | |
| Calibration Technician Signature: | | Observer Signature: | |
| CLOSE OUT ACTIONS/QA FOLLOW UP | | | |
| 1. | | QA Signature: | |
| 2. | | | |

All fields are required

ALL required fields on this form must be completed and those not required indicate N/A.