



# 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<br>(yy/mm/dd) | Capacity | Units of Measure<br>(kg or g) | Variation Test<br>$\pm 0.2\%$ | Actual Weight | Difference  | Within Tolerance?                   |                          | Verification<br>(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<br>(yy/mm/dd) | Capacity | Units of Measure<br>(kg or g) | Variation Test<br>$\pm 5\%$ | Actual Weight | Difference           | Within Tolerance?                   |                          | Verification<br>(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<br>(yy/mm/dd) | Capacity | Units of Measure<br>(kg or g) | Variation Test<br>$\pm 15\%$ | Actual Weight | Difference  | Within Tolerance?                   |                          | Verification<br>(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"/> |                            |

**R-X CALIBRATION RECORD**

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<br>(yy/mm/dd) | Person in Charge<br>(Initials) |
|-------------------------------|-----------------------------------|--------------------------------|
|                               |                                   |                                |
|                               |                                   |                                |
|                               |                                   |                                |