

 **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 ± 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 ± 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 ± 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"/>	

**WATER MEDICATOR CALIBRATION**

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

