

CALIBRATION SCHEDULE FOR LABORATORY EQUIPMENT
SY: _____

Property No.	Description	Location	Frequency	Schedules																
				Legend: # - scheduled (indicate day of the month) * - done as scheduled X - not attended as scheduled																
				Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul					
Signature:	Prepared by:												Noted by:							
Name:																				
Designation																				
Date:																				