

# Equipment Calibration Daily Log

## Water Equipment

Project Name _____	Date: _____
Project No. _____ Location _____	Time: AM _____
Positive response checks will be done every 4 hrs.; AM, Midday and PM	PM _____

### pH Meter

Model _____	Serial No. _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">AM</th> <th style="width: 33%;">Adjustment</th> <th style="width: 33%;">PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	AM	Adjustment	PM				Exp. Date _____ Lot # _____
AM	Adjustment	PM					
pH 7.00 Buffer Solution: pH _____	Exp. Date _____ Lot # _____						
pH 4.00 Buffer Solution: pH _____	Exp. Date _____ Lot # _____						
pH 10.00 Buffer Solution: pH _____	Exp. Date _____ Lot # _____						
Temperature _____ (AM) _____ (PM)	Comments _____						
Operator Signature _____ (AM) _____ (PM)	_____						

### Conductivity Meter

Model _____	Serial No. _____						
Calibration Solution _____	Exp. Date _____ Lot # _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">AM</th> <th style="width: 33%;">Adjustment</th> <th style="width: 33%;">PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	AM	Adjustment	PM				Comments _____
AM	Adjustment	PM					
Micromho Reading _____	_____						
Temperature _____ (AM) _____ (PM)	_____						
Operator Signature _____ (AM) _____ (PM)	_____						

### Turbidimeter

Model _____	Serial No. _____																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Calibration Blank</th> <th style="width: 25%;">AM</th> <th style="width: 25%;">Adjustment</th> <th style="width: 25%;">PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Calibration Blank	AM	Adjustment	PM													Comments _____
Calibration Blank	AM	Adjustment	PM														
Operator Signature _____ (AM) _____ (PM)	_____																

### Dissolved Oxygen Meter

Model _____	Serial No. _____
Calibration Method _____	Comments _____
Pre-calibration (mg/L) _____ (AM) _____ (PM)	_____
Post-calibration (mg/L) _____ (AM) _____ (PM)	_____
Operator Signature _____ (AM) _____ (PM)	_____

### Oxidation/Reduction Potential Meter

Model _____	Serial No. _____												
Zobell Solution Expiration Date _____	Zobell Solution Lot No. _____												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Temp.(Zobell Solution)</th> <th style="width: 30%;">Expected Reading</th> <th style="width: 30%;">Actual Reading</th> </tr> <tr> <td>AM</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>PM</td> <td> </td> <td> </td> <td> </td> </tr> </table>		Temp.(Zobell Solution)	Expected Reading	Actual Reading	AM				PM				_____
	Temp.(Zobell Solution)	Expected Reading	Actual Reading										
AM													
PM													
Operator Signature _____ (AM) _____ (PM)	_____												

Checked By \_\_\_\_\_ Date \_\_\_\_\_