Gas Detector Calibration Verification Checklist Device Model: Serial Number: Location: Date: Time: Technician Name: **Calibration Gas Information Lot Number Gas Type** Concentration **Expiration Date Calibration Verification Steps** Step Completed Remarks Visual inspection of device condition Check sensor expiration date Zero the detector (if applicable) Apply calibration gas Verify readings are within tolerance Record results and observations Remove calibration gas and reset device **Comments / Actions Taken**

Technician Signature

Supervisor Signature			
Date			