

Hardness Tester Calibration Verification Record

Equipment Name: _____
Equipment ID/Serial No.: _____
Location: _____

Make/Model: _____
Calibration Due Date: _____
Date of Verification: _____

Standard Reference Block Information

Block Type/Scale: _____
Nominal Value: _____
Serial Number: _____
Reference Lab: _____

Calibration Verification Results

Trial No.	Measured Value	Acceptance Criteria	Pass/Fail	Remarks

Conclusion: _____

Verified By: _____
Date: _____
Checked By: _____
Date: _____
Remarks: _____