

**DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
POLICY AND PROCEDURES MANUAL**

<h1>EQUIPMENT CALIBRATION SHEET</h1>	<p>P&P C-1E Issue Date: 2/1/87 Revised: 8/1/94</p>
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AUTHORITY: Not applicable.

POLICY: It is the policy of the Division of Occupational Safety and Health to ensure that all sampling equipment is properly maintained and accurately calibrated.

PROCEDURES:

A. INSPECTION

1. Compliance personnel shall ensure that all equipment used during the course of an investigation or inspection is accurately calibrated prior to sampling.

NOTE: Compliance personnel shall consult the Cal/OSHA Industrial Hygiene Technical Manual to determine equipment calibration frequency and methodology.

2. Compliance personnel may use the Cal/OSHA Form 1E to enter equipment calibration information.
3. If compliance personnel decide to use the Cal/OSHA Form 1E, all pertinent information entered on the Form 1E shall be entered on the appropriate OSHA Forms 91(S), 92 or 93.

B. OFFICE PROCEDURES

1. Compliance personnel shall complete the Cal/OSHA Form 1E after each equipment calibration and place a copy in the employer's case file.
2. A copy of the Form 1E shall be kept in the District's Equipment Calibration File.

C. FORM COMPLETION

1. Description of Equipment

Enter the name of the equipment being calibrated or a brief description of the equipment.

2. Equipment ID No. and Standard Identification

Enter the ID No. of the equipment being calibrated or a Standard Identification number if an equipment ID number is not available.

3. Calibration Procedures Used

Enter what the calibration procedure being used by identifying the equipment procedure number or describing any other procedure used on the back of the Form 1E.

4. Atmospheric Conditions Enter the air temperature, barometric pressure and percent humidity in the room at the time the equipment is calibrated.

5. Calibration Medium Used

Enter information on the type of calibration medium used during the calibration procedure.

6. Calibration Check Points

Enter "reading" and "actual" data measurements.

7. Date of Previous Calibration Involving Same Calibration Medium

Enter the date of any previous calibration. Check none if no previous calibration has been performed on the particular equipment.

8. Is There Any Significant Change in Calibration?

Check the appropriate box indicating Yes, No or Not Applicable. If more than a 5% variation between calibration measurements is present, compliance personnel shall consult with the District Manager or the Regional Senior Industrial Hygienist to determine an appropriate course of action.

9. If Yes, Describe Action Taken

Enter what action was taken, including review by the District Manager.

10. Calibrated By

Print your name on the line provided and the date of calibration.

Attachment: [Cal/OSHA 1E](#)