

Document Name: Calibration Form	P/N: FRM-015-01	Rev. A	Effective: 11/11/2020
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Calibration Record**New Equipment Review**

Equipment Name: PortAccount 8048

Identification No.: NF100168

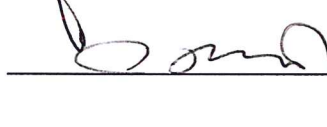
Calibration Required? ☒ Yes ☐ No (Explain): _____Calibration Interval (check one): ☐ 6 months ☐ 12 months ☐ N/A ☐ Other _____Calibration to be performed: ☐ In House ☒ Service Provider: TSI (FACTORY)

Calibration Due Date upon receipt of equipment: 10/11/2021

Expected process for which equipment is to be use: FIT TEST (R&D, performance validation)

Is Process Validation Required: ☒ Yes ☐ No

If "No" provide justification:

Comments: ① Refer to W1-053-02 for Work Instruction
② Refer to W1-052-01 for work instructionQuality approved by:  Date: 3/15/2021Engineering approved by:  Date: 3/15/2021