# BALANCE CALIBRATION
## (Monthly)

Balance Model # _____ Balance ID# _____ Year: _____

Weight Set ID# _____ Date of Weight Calibration Check: _____

| Date | Low Range | | Accept | Mid Range | | Accept | High Range | | Accept | Initials |
|---|---|---|---|---|---|---|---|---|---|---|
| | Standard Mass | Balance Reading | Y /N | Standard Mass | Balance Reading | Y /N | Standard Mass | Balance Reading | Y /N | |
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Comments:

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Service Date: _____ Initials: _____