



TECH: _____

CUSTOMER:	_____
COMPANY:	_____
INVOICE #:	_____
DATE OF SERVICE:	_____
NEXT SERVICE:	_____

BALANCE INFORMATION	
Model:	_____
Balance Serial #:	_____
Balance Due:	_____

PIPETTE FIELD SERVICE REPORT

	PIPET #	MFTR/MODEL	MAX VOL uL	IN SPEC	OUT SPEC	PM- SEAL/GREASE	PART REPLACED	NOTES	PASS/FAIL
1									PASS
2									PASS
3									PASS
4									PASS
5									PASS
6									PASS
7									PASS
8									PASS
9									PASS
10									PASS
11									PASS
12									PASS
13									PASS
14									PASS
15									PASS
16									PASS
17									PASS
18									PASS
19									PASS
20									PASS
21									PASS
22									PASS
23									PASS
24									PASS
25									PASS

An internal Q.C. Calibration Check was performed by QCI Technician on Balance noted, prior to calibration of pipettes on this date.

QCI Technician calibrated pipettes against noted balance to meet ISO 8655 Specifications.

Calibrated By/Date: _____

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