

## Pipette Performance Verification Form

**Customer Information:**  
 Contact Name: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Equipment Information:**  
 Name and Description: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 State and ID Number: \_\_\_\_\_

Identification		Inspection completed	
Model		Technician	
Serial #		Serial #	
Range		Date	
Number of Channels			
<b>Test Conditions</b>			
Balance Serial #		Balance model	
Sensitivity		Balance Calibration date	
Correction Factor			
Air Temperature			
Barometric Temperature			
Relative humidity			
<b>Control data</b>		<b>Test results</b>	
Calibration Date		% Error Test 1 (Maximum volume)	
Technician		% Error Test 2 (Half capacity volume)	
		% Error Test 3 (Minimum volume)	
		Pass or Fail	
<b>Tests</b>			
<b>Test 1 (Maximum volume)</b>			
Selected Volume		Expected Mass	
Selected Volume X 10		Recorded Mass	
Dispense Repetitions	1   2   3   4   5   6   7   8   9   10		
<b>Test 2 (Half capacity volume)</b>			
Selected Volume		Expected Mass	
Selected Volume X 10		Recorded Mass	
Dispense Repetitions	1   2   3   4   5   6   7   8   9   10		
<b>Test 3 (Minimum volume)</b>			
Selected Volume		Expected Mass	
Selected Volume X 10		Recorded Mass	
Dispense Repetitions	1   2   3   4   5   6   7   8   9   10		