

FORM: Pipette Performance Verification Pass/Fail

Pipette Information

Name and Description: _____

Model: _____

Serial Number: _____

Verification Comments:

Technician: _____

Date: _____

Passed Verification:

Date of Verification _____

Technician _____

Verification Sticker: Yes

No

Not Applicable

Next Verification

Due Date _____

Failed Verification:

Reason for Failure _____

Date Out of Service _____

Technician _____