

## Pipette Performance Verification Pass/Fail Form

**Customer Information:**

Contact Name: \_\_\_\_\_  
Department Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Equipment Information:**

Name and Description: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
State and ID Number: \_\_\_\_\_

**Verification:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician \_\_\_\_\_  
Date \_\_\_\_\_

**Passed Verification:**

Date of Verification \_\_\_\_\_

Technician \_\_\_\_\_

Verification Sticker:

Yes

No

Not Applicable

Verification Due Date \_\_\_\_\_

**Failed Verification:**

Reason for Failure \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date Out of Service \_\_\_\_\_

Technician \_\_\_\_\_

Name	Date	Amendment
Bob O'Brien	08Jun06	Initial release
Bob O'Brien	02Jun08	College name change
Kari Britt	13Oct09	Changed form name from Calibration Form to Calibration Pass/Fail Form for Gilson Pipettman®
Mary Jane Kurtz and Sonia Wallman	23Nov09	Changed form name from Calibration Form to Pipette Performance Verification Pass/Fail Form