

Quarterly Temperature Verification Regional Operation Centers

DEP SOP FT 1400; Acceptance Criteria for Temp. $\pm 0.5^{\circ}\text{C}$.

Correction factor needed if acceptance criteria are exceeded.

Record all digits displayed for temperature readings. Do not round before reporting measurements.

Meter ID#:	<u>B00P NON</u>	Date of Last Verification:	<u>3/2/18</u>
Date:	<u>6/1/18</u>	Time:	<u>1050</u> <u>(ETZ)</u> CTZ
		NIST Reference Device ID#:	<u>844016</u>
Cold Bath (between 0 – 10°C):		Sonde:	<u>8.30</u> °C; NIST: <u>8.4</u> °C; Result: <u>(Pass)</u> / Fail
Warm Bath (between 30 – 40°C):		Sonde:	<u>38.20</u> °C; NIST: <u>37.9</u> °C; Result: <u>(Pass)</u> / Fail
Is Correction Factor Needed? Y / <u>(N)</u> If yes, describe: _____			
Person Performing Verification: <u>Mike Drennan</u>			

Comments: _____

Meter ID#:	<u>Betty 67</u>	Date of Last Verification:	<u>3/2/18</u>
Date:	<u>6/1/18</u>	Time:	<u>1050</u> <u>(ETZ)</u> CTZ
		NIST Reference Device ID#:	<u>844016</u>
Cold Bath (between 0 – 10°C):		Sonde:	<u>8.13</u> °C; NIST: <u>8.20</u> °C; Result: <u>(Pass)</u> / Fail
Warm Bath (between 30 – 40°C):		Sonde:	<u>38.00</u> °C; NIST: <u>37.9</u> °C; Result: <u>(Pass)</u> / Fail
Is Correction Factor Needed? Y / <u>(N)</u> If yes, describe: _____			
Person Performing Verification: <u>Mike Drennan</u>			

Comments: _____

Meter ID#:	_____	Date of Last Verification:	_____
Date:	_____	Time:	_____ ETZ / CTZ
		NIST Reference Device ID#:	_____
Cold Bath (between 0 – 10°C):		Sonde:	_____ °C; NIST: _____ °C; Result: Pass / Fail
Warm Bath (between 30 – 40°C):		Sonde:	<u>3</u> _____ °C; NIST: _____ °C; Result: Pass / Fail
Is Correction Factor Needed? Y / N If yes, describe: _____			
Person Performing Verification: _____			

Comments: _____