Quarterly Temperature Verification
Regional Operation Centers

DEP SOP FT 1400;   Acceptance Criteria for Temp. ± 0.5°C.
Correction factor needed if acceptance criteria are exceeded.
Record all digits displayed for temperature readings. Do not round before reporting measurements.

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: _________°C; NIST: _________°C; Result: Pass / Fail

Is Correction Factor Needed? Y / N   If yes, describe: ________________________________

Person Performing Verification: ______________________________

Comments: ____

Meter ID#:___________   **Date of Last Verification: _______________________**

Date: __________ Time: _________ ETZ / CTZ   NIST Reference Device ID#:______________

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Comments: ____

   Form effective October 1, 2017

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 Form effective October 1, 2017