

Turbidity Calibration Log (DEP SOPs FT1000 & FT1600)
Regional Operations Centers

Meter ID: _____ Date of Last Calibration: _____ Project Name: _____

Quarterly Calibration

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use Primary Formazin Standards)	Exp. Date	Lot #	Type of Information Displayed During Calibration? (circle one)	Value Displayed NTU	Calibration Pass / Fail (circle one)
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F

Initial Calibration Verification (ICV) (Only perform ICV immediately after quarterly calibr. Do not use < 0.1 NTU standard for ICV.)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use A Primary Formazin Standard)	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail (circle one)
NTU				P / F

Secondary Gel Standard Quarterly Verification (perform gel standard verification immediately after quarterly calibr. and ICV)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value Range NTU	Previous Value Assigned NTU	Exp. Date	Lot #	Meter Reading NTU (new value assigned)	Acceptable Range, NTU (Calculate using new value assigned & acceptance criteria*)
0 – 10					
10 – 100					
100 - 1000					

Daily Continuing Calibration Verification (CCV) (required every day that meter is used)

Date	Time (24hr) CT-ET	Sampler Name	Standard Type (circle one)	Standard Value NTU	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F

Comments:

*Acceptance Criteria: 0.1-10 NTU → ± 10 %; 11-40 NTU → ± 8 %; 41-100 NTU → ± 6.5 %; >100 NTU → ± 5 %;

Acceptable ranges for common standards: 20 NTU (18.4 - 21.6 NTU); 100 NTU (93.5 – 106.5 NTU); 800 NTU (760 - 840 NTU)

Form Effective October 1, 2017

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Quarterly Calibration

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use Primary Formazin Standards)	Exp. Date	Lot #	Type of Information Displayed During Calibration? (circle one)	Value Displayed NTU	Calibration Pass / Fail (circle one)
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F
NTU			Meter Reading / Next Value		P / F

Initial Calibration Verification (ICV) (Only perform ICV immediately after quarterly calibr. Do not use < 0.1 NTU standard for ICV.)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value (Use A Primary Formazin Standard)	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail (circle one)
NTU				P / F

Secondary Gel Standard Quarterly Verification (perform gel standard verification immediately after quarterly calibr. and ICV)

Sampler Name: _____ Date: _____ Time: _____ ETZ / CTZ (circle one)

Standard Value Range NTU	Previous Value Assigned NTU	Exp. Date	Lot #	Meter Reading NTU (new value assigned)	Acceptable Range, NTU (Calculate using new value assigned & acceptance criteria*)
0 – 10					
10 – 100					
100 - 1000					

Daily Continuing Calibration Verification (CCV) (required every day that meter is used)

Date	Time (24hr) CT-ET	Sampler Name	Standard Type (circle one)	Standard Value NTU	Exp. Date	Lot #	Meter Reading NTU	Pass / Fail
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F
			Formazin / Gel					P / F

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