Complete for each piece of equipment that requires maintenance or calibration

Equipment details
(*eg beam setter*) _____

Maintenance required
(type and frequency) _____

Calibration required _____

Person responsible for
maintenance and calibration _____

Maintenance		**Calibration**		**I am competent in the use of this equipment** *(each inspector to sign)*		
Version number	**Date**	**Signature**	**Name**	**Date**	**Signature**	**Name**