Equipment record

Master records

Equipment details (eg beam setter)

Maintenance required (type and frequency)

Calibration required

Person responsible for maintenance

Person responsible for calibration

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