

Facility/Laboratory Name: _____

QUARTERLY DISPENSER ACCURACY CHECK

Test Kit for Use _____

Calibration Location: On-site Other Name: _____

Date _____	Date _____	Date _____	Date _____
Dispenser ID _____	Dispenser ID _____	Dispenser ID _____	Dispenser ID _____
Analyst _____	Analyst _____	Analyst _____	Analyst _____

Series	Volume in mls		Series	Volume in mls		Series	Volume in mls		Series	Volume in mls
1			1			1			1	
2			2			2			2	
3			3			3			3	
4			4			4			4	
5			5			5			5	
6			6			6			6	
7			7			7			7	
8			8			8			8	
9			9			9			9	
10			10			10			10	
Average			Average			Average			Average	

Frequency: Ten (10) Volume checks are required **Quarterly** for each dispenser. Individual dispensers must be etched, identified and tagged with the average volume. Tolerance permitted – 5% of volume. If out of calibration, send back to manufacturer.

Procedure: Use a Class “A” graduated 10 ml. Dispense as used during test procedure.