

PURDUE UNIVERSITY Confined Space Program

Confined Space Meter Calibration

Manufacturer: _____ **Model:** _____ **Date:** _____
Serial Number: _____ **Last Calibration Date:** _____
Department/Area: _____ **Location:** _____
Contact Person: _____ **Telephone:** _____

Sensors Tested

Gas	Ambient	Calibration Span Set to Zero?		Reading
		Yes	No	
Oxygen:	O ₂ _____	<input type="checkbox"/>	<input type="checkbox"/>	O ₂ _____
Lower Explosive Limit:	LEL _____	<input type="checkbox"/>	<input type="checkbox"/>	LEL _____
Carbon Monoxide:	CO _____	<input type="checkbox"/>	<input type="checkbox"/>	CO _____
Hydrogen Sulfide:	H ₂ S _____	<input type="checkbox"/>	<input type="checkbox"/>	H ₂ S _____
Other: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: _____ **Signature:** _____