

CEO

**Infrared Instrument
Weekly Calibration Verification Test Record**

Department: _____

Instrument Serial #: _____

Test Date	Simulator Solution Lot #	Simulator Temperature			Sim. Serial#	Test Results			Breath Analysis Supervisor	Sim. Sol. Change *
		1	2	3		1	2	3		
2/5/23	22420	34.01	34.00	34.01	MP4189	.10	.10	.10	DIXON	NO
2/11/23	22420	34.01	34.00	34.01	MP4189	.09	.09	.09	DIXON	NO
3/1/23	22420	34.01	34.00	34.01	MP4189	.10	.10	.10	DIXON	YES
3/4/23	22420	34.01	34.00	34.00	MP4189	.10	.10	.10	DIXON	NO
3/20/23	22420	34.01	34.01	34.01	MP4189	.10	.10	.10	DIXON	YES
4/1/23	23030	34.01	34.01	34.01	MP4189	.10	.10	.10	OSIKA	YES
4/6/23	23030	34.01	34.01	34.00	MP4189	.10	.10	.10	DIXON	NO
4/12/23	23030	34.01	34.01	34.01	MP4189	.10	.10	.10	OSIKA	NO
4/19/23	23030	34.01	34.01	34.01	MP4189	.09	.09	.10	Eilers	NO
4/26/23	23030	34.01	34.00	34.01	MP4189	.09	.10	.09	DIXON	NO
5/3/23	23030	34.01	34.00	34.00	MP4189	.10	.10	.10	Eilers	YES
5/10/23	23030	34.01	34.01	34.01	MP4189	.10	.10	.10	Eilers	NO

* - Please enter a ✓ to denote simulator solution change taking place