Utah Division of Water Quality

Cooperative Monitoring Program

Daily Calibration Report

Trip ID: _____ Agency/Field Office: _____

Date: _____ Analyst: _____

Time: _____

Specific Conductance

Equipment Type (Make and Model):				
Buffer Value	Pre-Cal. Reading	Post Cal. Reading	Check Value	
			Certified Value	Measured Value
0				

Expiration Date: _____ **±5% of expected? Y or N (circle one)**

Comments: _____

pH

Equipment Type (Make and Model):				
Buffer Value	Pre-Cal. Reading	Post Cal. Reading	SRM	
			Certified Value	Measured Value
7.00				
10				

pH Buffer Exp Date: 7.00 _____ 10.00 _____

±5% of expected? Y or N (circle one)

Comments:

Dissolved Oxygen

Equipment Type:		
Barometric Pressure (mm/Hg)	Pre-Cal. % Saturation	Post Cal. % Saturation

Comments: _____