

Form Number LLCF-070	Issue Date 01/01/11	Revision Date 06/15/21	Form Number LLCF-070
Atmospheric Testing/Calibration Log			

Meter Make:	Meter Model:		
Calibration Information		Bump Test Information	
Gas Cylinder P/N:	Lot #:	Gas Cylinder P/N:	Lot #:
Date/Time of Cal:	Exp. Date:	Date/Time:	Exp. Date:
Calibration Technician Name:	Bump Tester Name:		
Calibration Technician Signature:	Bump Tester Signature:		

Calibration Readings				Bump Test Readings			
Gas	Target	As Found	Result <i>(Check if Passed)</i>	Gas	Target	As Found	Result <i>(Check if Passed)</i>
LEL	58			LEL			
O2	15			O2			
CO	60			CO			
H ₂ S	20			H ₂ S			

Testing Information							
Tester Name:	Task:	Date:					
Customer:	Location:						

Readings															
<i>Document readings every 30 min. of continuous hot work or CSE.</i>															
Test #	LEL	O2	H ₂ S	CO	Other	Time	Initials	Test #	LEL	O2	H ₂ S	CO	Other	Time	Initials
1								13							
2								14							
3								15							
4								16							
5								17							
6								18							
7								19							
8								20							
9								21							
10								22							
11								23							
12								24							

Tester Signature: _____