THERMA
1601 Las Plumas Avenue
San Jose, CA 95133-1613
Phone: 408-347-3400
Fax: 408-347-3405

Therma Calibration Sheet
Pressure Transmitter

Tag # _____ Equip. # _____ Manufacturer _____
Cal Range _____ Inst. Acc. _____ Job # _____
I/O Input _____ Mod # _____ Ser. # _____

	AS FOUND DATA					AS LEFT DATA				
	Percent	Standard Values	Output	Indication	Error	Percent	Standard Values	Output	Indication	Error
1										
2										
3										
4										
5										

Test Standard Data

Manufacturer	Mod #	S/N	Cert. #	Due Date

Comments:

In Tolerance: Calibration Due:

Calibration Technician _____ # _____ Date _____
This is sheet # _____ of _____

Acceptance Signature _____ Date _____