THE NATION'S URANIUM PROCESSING FACILITY

UPF SURVEYING INSTRUMENT – CALIBRATION BASELINE CHECK CERTIFICATE

DMC No.: _____

Work Package No.:	**Task No.:**
Date Calibration Check Performed:	**Surveyor:**
Expiration Date:	**Note: Valid for one month**
Date Previous Calibration Check Expires / Expired:	

1. Instrument Information:

Type: _____ Make: _____

Model: _____ Serial No.: _____

2. Accuracy Specifications:	OME Specification	As Received	Adjustment Required?		After Adjustment	Within Tolerance?	
			Yes	No		Yes	No
Horizontal Angle Measurement:			☐	☐		☐	☐
Vertical Angle Measurement:			☐	☐		☐	☐
Distance Measurement:			☐	☐		☐	☐

3. Calibration Statement:

The calibration of the above instrument has been checked and ☐ does ☐ does not **(check one)** comply with manufacturer's specifications. Horizontal and Vertical collimation have been checked. Distances have been compared with established Project Survey Baseline.

Instrument ☐ is ☐ is not **(check one)** approved for use on this project.

4. Traceability:

Traceability to National Standards has been achieved by using the following instrument:

_____

This instrument was calibrated on _____ by _____

The certificate is valid to _____ and is available for review.

Remarks/Observations:

Completed by:	
Print:	Title:
Signature:	Date:

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