



UPF Surveying Level – Peg Test Certificate

Work Package No: _____

Task No.: _____

Company: _____

Surveyor: _____

Date Peg Test Performed: _____

Expiration Date: _____ **Note: Valid for One Month**

1. Instrument Information

Type: _____ Make: _____

Model: _____ Serial No.: _____

2. Peg Test Results:

A Peg Test was performed on the level indicated above. The results are as follows:

| As Received? |
|--------------|
| |

| Adjustment Required | |
|---------------------|----|
| Yes | No |
| | |

| After Adjustment |
|------------------|
| |

| Within Tolerance? | |
|-------------------|----|
| Yes | No |
| | |

3. Approval Statement

Said instrument is _____ is not approved for use on this project.

Remarks/Observations:

By: _____
Print Name

Date

Signature

Date