

CHECK HERE IF REPAIR OR
UNSCHEDULED MAINTENANCE_____

EQUIPMENT CALIBRATION/MAINTENANCE/REPAIR FORM

EQUIPMENT: _____

DFS #: _____ SERIAL#: _____

DATE OF INSTALLATION: _____

DESCRIPTION OF WORK PERFORMED:

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VIRGINIA
DEPARTMENT
OF
FORENSIC SCIENCE

(IF REPAIR OR UNSCHEDULED MAINTENANCE, DESCRIPTION OF MALFUNCTION:)

TIME REQUIRED:

COST OF REPLACEMENT PARTS:

EMPLOYEE OR REPAIR PERSON'S NAME AND TITLE: _____

SIGNATURE AND DATE: _____