

RADNET FMHV CALIBRATION REPORT

DATE: _____

SAMPLER LOCATION: City _____ State _____ FMHV SERIAL NUMBER: _____

TABLE 1 Calibrated Instrument Inventory

Calibrated Instrument	Calibration Date	Calibration Due Date
TEGAM Temperature Calibrator-Thermometer Serial #:		
DRUCK Digital Pressure Indicator –Barometer Serial #:		
DWYER Digital-Manometer Serial #:		
ANDERSEN Reference Orifice Serial #:		

TABLE 2 Temperature and Pressure Calibration Data (NOTE: Depending on elevation, reference values for Abs P may need to be adjusted)

Calibration	1 st value	1 st gain	1 st offset	2 nd value	2 nd gain	2 nd offset	3 rd value	3 rd gain	3 rd offset	Reference Value	FMHV Value	*Difference	Warning (YES/NO)
Ambient T, deg C	- 20			40			0.0			7.0			
Abs P, mmHg	650			775			600			675			
Delta P, mmHg	0.0			10.0			5.0			8.0			

*Difference = FMHV Value – Reference Value

TABLE 3 Flow Calibration Data

Reference Value (calibrated instruments)	FMHV Value	**Difference	Calculated Value (after flow calibration)
Temp (deg C) =	Temp (deg C) =	deg C =	A2 =
Pressure (mmHg) =	Pressure (mmHg) =	mmHg =	A1 =
Delta P (mmHg) =	Delta P (mmHg) =	mmHg =	A0 =
			R^(2) Value =

**Difference = FMHV Value – Reference Value

TABLE 4 Flow Verification Data

Reference Value (m ³ /hr) Qc =	FMHV Value (m ³ /hr) Qa = 60.0	Motor Speed DA =	Flow Variation from Reference Value (Qa-Qc)/Qa =

Comments: _____

The public reporting and recordkeeping burden for this collection of information is estimated to average 5 minutes per response. Send comments on the Agency’s need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed [form or survey] to this address.

Time Calibration Completed: _____ Operator Signature: _____

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