



Record of Thermometer Verification for Hospital Customers

To be completed by Hospital Customer:

Facility: _____

Test Thermometer ID: _____ Date sent: _____

Thermometer Range of Use: (check all that apply)

_____ 1-6 °C _____ 20-24 °C _____ - 18 °C (or colder) _____ 37-40°C

To be completed by LifeServe Lab:

Date Verified: _____ Tech initial/ID# _____

NIST Certified Thermometer:

Serial Number: _____ Calibration date: _____

This is to confirm that the listed thermometer (indicated as “Test Thermometer”) has been verified against a NIST certified thermometer by trained staff at LifeServe Blood Center. LifeServe performs NIST verification as a service to customers and makes no claims as to acceptability of the thermometer. Each hospital must comply with their facilities internal procedures as to whether a thermometer will be replaced or used with a correction factor.

NIST Thermometer temp: _____ °C Test Thermometer temp: _____ °C

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*Acceptability Criteria: The test thermometer must agree with the certified thermometer within 1°C.

Verification results acceptable? ___Yes ___No