

Cube Mold and Tamper Calibration Worksheet

Equipment ID: _____	Date: _____
Manufacturer: _____	Performed By: _____
Model #: _____	Last Calibration: _____
Serial #: _____	Next Calibration Due: _____
Storage Location: _____	

Calibration Item: Verify critical dimensions, planeness and perpendicularity of mold and tamper

Calibration Procedure: In-House Procedure for Verifying Cube Mold and Tamper

Calibration Equipment: Ruler or caliper readable to 0.001 in. (0.01 mm) or better

Device ID: _____

Straight Edge

Straight-edge ID: _____

Square

Square ID: _____

Feeler gauges 0.02 in. (0.5 mm), 0.002 in. (0.05 mm)

MOLD

	Cube 1	Cube 2	Cube 3	Tolerance	Pass / Fail
<i>Are sides plane?</i>					
Face 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	less than 0.002 in. (0.05 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Distance between sides

Top 1				2 ± 0.02 in. (50 ± 0.5 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Top 2					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Bottom 1					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Bottom 2					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Height of each compartment

Face 1				1.985 - 2.010 in. (49.62 - 50.25 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 2					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 3					<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 4					<input type="checkbox"/> Pass <input type="checkbox"/> Fail

	Cube 1	Cube 2	Cube 3	Tolerance	Pass / Fail
Is the angle between sides $90^\circ \pm 0.5^\circ$?					
Side Angle 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. deviation from square 0.02 in. (0.5 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Side Angle 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Side Angle 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Side Angle 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Is the angle between the top plate and sides $90^\circ \pm 0.5^\circ$?					
Face 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. deviation from square 0.02 in. (0.5 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Is the angle between the bottom plate and sides $90^\circ \pm 0.5^\circ$?					
Face 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. deviation from square 0.02 in. (0.5 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Face 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

TAMPER

	Measurement	Specification	Pass / Fail
Width		1 in. (25 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Thickness		1/2 in. (13 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Length		5 – 6 in. (120 – 150 mm)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Is the head perpendicular to the sides?					
Side 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	The tamping face must be at right angles to the length of the tamper	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Side 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Side 3	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Side 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

Is the head flat?					
Head	<input type="checkbox"/> Yes <input type="checkbox"/> No	The tamping face must be flat	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		

Pass / Fail _____

Initial By _____