

Liquid Limit Calibration Worksheet

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

Calibration Item: Verify critical dimensions and physical condition
 Calibration Procedure: In-House Procedure for Verifying Liquid Limit Devices
 Calibration Equipment: Caliper readable to 0.001 in. (0.1 mm) or better

Caliper ID: _____

Straight-edge
Straight-edge ID: _____

Timer N/A
Timer ID: _____

- Manually Operated
 Mechanically Operated

	Measurement	Tolerance	Pass / Fail
Inside radius of cup		54 ± 2 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Thickness of cup rim		2 ± 0.1 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Cup depth		27 ± 1 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Height of back cup rim to base		47 ± 1.5 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Length of base		150 ± 5 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Width of base		125 ± 5 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Thickness of base		50 ± 5 mm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Counter Check	Measurement	Tolerance	Pass / Fail
Manual Count		Counts must match	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Mechanical Count			

Shock Rate	Measurement	Tolerance	Pass / Fail
Number of Shocks			
Time (seconds)			
Shock Rate		approximately 2/sec	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

$$Shock Rate = \frac{No. of Shocks}{Time (seconds)}$$

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Checks	Measurement	Tolerance	Pass / Fail
Point of Contact (base)		no more than 13 mm in diameter	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Point of Contact (cup)			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is side to side play excessive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	not allowed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Does the cup have a noticeable indentation along the grooving line?	<input type="checkbox"/> Yes <input type="checkbox"/> No	not allowed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Is the cup set screws tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	must be tight	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Pass / Fail _____

Initial By _____