

Vacuum Chamber Calibration Worksheet

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

Calibration Item: Verify chamber vacuum pressure
 Calibration Procedure: In-House Procedure for Verifying Vacuum Chambers
 Calibration Equipment: Internal vacuum gauge readable to 1 mm Hg (1 torr) or better
Vacuum Gauge ID: _____

Vacuum Chamber for Vacuum Sealing (AASHTO T 331)

Date	Measurement	Specification	Performed By	Pass / Fail
		10 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		10 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		10 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		10 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Vacuum Chamber for Water Sensitivity (ARDOT 455A)

Date	Measurement	Specification	Performed By	Pass / Fail
		30 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		30 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		30 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		30 mm Hg or less		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Pass / Fail _____
 Initial By _____