

Weekly Drill Head Calibration Form

Locator Name: _____ Employee Number: _____

Drill Operator Name: _____ Employee Number: _____

Drill Equipment # _____

Calibration Log

| <u>Day</u> | <u>Date</u> | <u>Time</u> | <u>Locator Initial</u> | <u>Battery/Head Change?</u> |
|------------|-------------|-------------|------------------------|------------------------------|
| Monday | | | | <input type="checkbox"/> Yes |
| Monday | | | | <input type="checkbox"/> Yes |
| Tuesday | | | | <input type="checkbox"/> Yes |
| Tuesday | | | | <input type="checkbox"/> Yes |
| Weds | | | | <input type="checkbox"/> Yes |
| Weds | | | | <input type="checkbox"/> Yes |
| Thursday | | | | <input type="checkbox"/> Yes |
| Thursday | | | | <input type="checkbox"/> Yes |
| Friday | | | | <input type="checkbox"/> Yes |
| Friday | | | | <input type="checkbox"/> Yes |
| Saturday | | | | <input type="checkbox"/> Yes |
| Saturday | | | | <input type="checkbox"/> Yes |

Locator Signature: _____ Date: _____

Please turn this form in at the end of every week with the weekly paperwork.