NIST Traceable Weight Set S/N: _____ **Expiration Date: _____**
Balance Name: _____
Balance S/N: _____

20__ Monthly Balance Verification Form										
	Weight 1: 1 g			**Weight 2: 25 g**			**Weight 3: 100 g**			
	Measured Weight	**Limit (g)**	**Difference**	**Measured Weight**	**Limit (g)**	**Difference**	**Measured Weight**	**Limit (g)**	**Difference**	**QCO or designee Initials**
Month		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
January		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
February		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
March		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
April		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
May		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
June		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
July		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
August		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
September		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
October		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
November		0.90 – 1.10			24.90-25.10			99.90 – 100.10		
December		0.90 – 1.10			24.90-25.10			99.90 – 100.10		

Form approved for use by: DNA Technical Leader