TEMPERATURE RECORDING CALIBRATION REPORT

(IN-TRANSIT COLD TREATMENT)

1. NAME OF VESSEL			
2. PPQ DUTY STATION	3. DATE OF INSPECTION	4. POINT OF INSPECTION	5. HULL NUMBER AND DOCKYARD
6. IMO NUMBER	7. FLAG (3-LETTER CODE)	8. SHIP'S OFFICER	9. OWNER/OPERATOR

10. RECORDING INSTRUMENT 1	**11. RECORDING INSTRUMENT 2**
Recorder(s) must match CPHST website – see instructions.	
10a. MAKE	11a. MAKE
10b. MODEL	11b. MODEL

TEMPERATURE SENSORS

(If unsatisfactory, explain in item 17.)

12. LOCATIONS MATCH DIAGRAM	13. LABELING OF SENSORS/BOXES	14. CABLE LENGTH	15. REACTION TIME
Satisfactory ☐ Unsatisfactory ☐	Satisfactory ☐ Unsatisfactory ☐	Satisfactory ☐ Unsatisfactory ☐	Satisfactory ☐ Unsatisfactory ☐

16. TEMPERATURE READINGS AT 0 C (32 F)

BULB NO.	TEST			BULB NO.	TEST			BULB NO.	TEST			BULB NO.	TEST		
	I	II	III		I	II	III		I	II	III		I	II	III

17. REMARKS (List names of all USDA officials participating in the calibration.)

18. COMPANY NAME AND ADDRESS TO SEND CERTIFICATE OF APPROVAL	19. COMPANY EMAIL
	20. COMPANY PHONE NUMBER
21. SIGNATURE OF LEAD INSPECTOR	22. DATE