University of Pennsylvania Department of Anesthesiology and Critical Care
Vaporization Calibration
305 John Morgan Building
Telephone: (215) 662-3726
Fax: (215) 349-5078

Instructions for Vaporization Calibration Service:
1. Bring vaporizer to address above not later than 3 p.m. on 3rd Thursday of the month.
2. Label vaporizer with PI’s name (masking tape is OK)
3. Bring this completed form.
5. Bring vaporizer partially (< ½) filled with liquid anesthetic agent.

DATE______________________

Calibration Cost: $50 per machine (one form per machine)

PRINCIPAL INVESTIGATOR
Name_________________________________
Dept._________________________________
Approval ________________________________
Signature______________________________
Date_______________________________
Phone_______________________________
Requester____________________________

Business Administrator
Name_________________________________
Address______________________________
Signature____________________________

Vaporizer Manufacturer__________________
Vaporizer Serial Number_________________
Anesthetic Agent_______________________

Account Information (26-digit account)
_______________________________
Grant Number____________________
Expiration____________________

ANESTHESIOLOGY USE ONLY

Technician Name_____________________
Machine Calibrated_____________________
Date_______________________________
Certificated Issued_____________________

_______________________________________________________________________________________