

**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 3<sup>rd</sup> Thursday of the month.
2. Label vaporizer with PI's name (masking tape is OK)
3. Bring this completed form.
4. Keep vaporizer upright during transport.
5. Bring vaporizer partially (< 1/2) filled with liquid anesthetic agent.

DATE \_\_\_\_\_

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

<b>PRINCIPAL INVESTIGATOR</b>
Name _____
Dept. _____
Approval _____
Signature _____
Date _____
Phone _____
Requester _____

<b>Business Administrator</b>
Name _____
Address _____
Signature _____

Vaporizer Manufacturer _____
Vaporizer Serial Number _____
Anesthetic Agent _____

<b>Account Information (26-digit account)</b>
_____
Grant Number _____
Expiration _____

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**ANESTHESIOLOGY USE ONLY**

Technician Name \_\_\_\_\_

Machine Calibrated \_\_\_\_\_  
Date

Certificated Issued \_\_\_\_\_