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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01571 (06/2015) | | | | | **STATE OF WISCONSIN**  Bureau of Environmental and Occupational Health | | |
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| **AIR QUALITY MEASUREMENT DEVICE**  **MAINTENANCE AND CALIBRATION LOG** | | | | | | | |
|  | | | | |  | | |
| **Date** | **Time**  **(AM / PM)** | **Type of Equipment Serviced** | | **Activity Performed** | | **Comments** | **Print Name of Person**  **Conducting Maintenance** |
| ***EXAMPLE*** |  | ***Carbon monoxide monitor; nitrogen dioxide monitor*** | | ***Calibration; bump test; leak test; other*** | | ***Passed pump test; failed pump test & recalibrated; passed leak test; failed leak test, etc.*** |  |
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