

University of Pennsylvania
Department of Anesthesiology and Critical Care
Vaporization Calibration
Fund Transfer Form
305 John Morgan Building
Telephone: (215) 573-8209
Fax: (215) 349-5078

Instructions for Vaporization Calibration Service:

1. Bring vaporizer to address above, M-F, 10am – 4pm
2. Label vaporizer with PI's name, email, phone number (masking tape is OK)
3. Bring this completed form
4. Keep vaporizer upright during transport
5. Bring vaporizer partially (<1/2) filled with correct liquid anesthetic agent
6. Maximum one week turn around

DATE: _____

Calibration Cost: \$100 per machine (one form per machine)

<p>PRINCIPAL INVESTIGATOR</p> <p>Name: _____</p> <p>Department: _____</p> <p>Approval Signature: _____</p> <p>Phone/email: _____</p> <p>Requester: _____</p>

<p>BUSINESS ADMINISTRATOR</p> <p>Name: _____</p> <p>Department: _____</p> <p>Address: _____</p> <p>Signature: _____</p>
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<p>Vaporizer Manufacturer: _____</p> <p>Vaporizer serial #: _____</p> <p>Anesthetic agent: _____</p>
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<p>Account Information (26-digit account)</p> <p>_____</p> <p>Grant #: _____</p> <p>Expiration: _____</p>

ANESTHESIOLOGY USE ONLY

Technician Name: _____

Date Machine Calibrated: _____

Certificate issued: _____