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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01571 (06/2015) | **STATE OF WISCONSIN**Bureau of Environmental and Occupational Health |
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| **AIR QUALITY MEASUREMENT DEVICE** **MAINTENANCE AND CALIBRATION LOG** |
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| **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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