

Carl Zeiss Meditec		
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CZM-6-14-00-02-TP-E	Tool Calibration and Preventive Maintenance History Form	1 / 1



Section 1 – Tool Status

Tool Owner

Tool ID:		
Tool Owner:	Date (YYYY-MM-DD):	Phone:
Reason for submitting Tool (Check all that apply): Calibration (Cal) Preventive Maintenance (PM) Repair/Suspected Out of Specification (Complete Section 3)		

Section 2 – Cal/PM Results

Calibration Coordinator

Date of Cal/PM (YYYY-MM-DD):	
External Cal/PM	Internal Cal/PM P/N:2660021156805 Tool SC LED Calibration; Per item 6 of drawing
Attach documentation: results of inspection/measurements before and after any adjustments, tolerances/specifications, procedures used and equipment used.	
Results: Within specification before and after Cal/PM Within specification after Cal/PM but Out of Spec incoming (Complete Section 3) Out of specification after Cal/PM and Out of Spec incoming (Complete Section 3 and repair or retire tool)	
Calibration Coordinator, Name, Signature/Date:	

Section 3 – Incoming NC Tool

Tool Owner/Calibration Coordinator

Describe Tool Status (What and when it happened):	
When was the last time the equipment was calibrated (YYYY-MM-DD)?	
Was the Tool used on any product when it was out of specification?	Yes No
Based on Tool status, does an investigation need to be performed?	Yes No
If Yes, complete the Tool Calibration and Preventive Maintenance Investigation Form. If No, provide rationale and justification.	
Calibration Coordinator, Name, Signature/Date:	Tool Owner, Name, Signature/Date:
(Optional per local site requirement) Quality Representative or other designee, Name, Signature/Date:	