

	Formulario de verificación CALIBRACION. PRELIMINARY SCREENING QUESTIONNAIRE (CALIBRATION)
	Aseguramiento de Calidad / Quality Assurance

The following questionnaire is to be completed and forwarded together with any additional information to:

LINK CONEXIÓN AÉREA S.A. DE C.V.
DBA: TAR or TAR México

Address: BLVD. BERNARDO QUINTANA CS9800 INT. B706 PISO 7 COL. CENTRO SUR, QUERÉTARO, QUERÉTARO.
www.tarmexico.com

Quality Assurance Department

Or e-mail to;

 mcruz@tarmexico.com



Mario Cruz
Gerente de Compras/
Purchasing manager
T +52 (442) 291 9150 ext:1150
M +52 (442) 252 6995
tarmexico.com

En el supuesto de que, por este medio, usted proporcione datos personales sujetos a la normatividad vigente, le informamos que éstos podrán ser tratados por Link Conexión Aérea, S.A. de C.V., Nombre Comercial TAR Transportes Aéreos Regionales (en lo sucesivo "TAR"), con domicilio para sí y recibir notificaciones en Blvd. Bernardo Quintana CS9800, B-706C, Centro Sur Querétaro, Querétaro 76090, México, en caso de que fuera necesario para cumplir con la finalidad para la cual usted nos ha enviado dicha información. Para conocer nuestro aviso de privacidad integral visite nuestra página <http://www.tarmexico.com>

The questionnaire is based on **TAR's** quality system requirements and **ISOIEC17025**.

NOTE: All information provided as a result of this process is considered confidential.

GENERAL INFORMATION

COMPANY NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

CITY/STATE: _____ **ZIP CODE:** _____

e-mail: _____ **FAX:** _____

PERSON RESPONSIBLE FOR THE QUALITY SYSTEM:

NAME: _____ **TITLE:** _____

TOTAL YEARS IN THE BUSSINESS: _____

If you are accredited by a Quality Agency, please check the appropriated box.

EMA ISOIEC NIST CENAM OTHER

Specify: _____



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NOTE: Please enclose copies of approvals (and send them to the e-mail contact).

PRIMARY MANAGERS

AT MAIN OFFICES:

CEO or Chairman: _____

Quality Director: _____

AT LOCAL FACILITIES

	Name:	Title:	Phone/Fax:
Director:			
Acc. Manager			
Technical Manager:			
Production Manager:			
Inspection Manager:			
Business Manager:			

HUMAN RESOURCES

Total Employees (Firm): _____

Number in Aeronautics/Aerospace: _____

Total Employees (Branch): _____

Number in Aeronautics/Aerospace: _____

Breakdown by job classification:

Please state the number of employees

Executives and engineers: _____

Master technicians with FAA/CAA authorisation: _____

Administrators: _____

Manual labourers: _____

Breakdown by area of activity: (Please state the number of employees)

Administration: _____

Quality Control: _____

Quality Assurance: _____



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Business & Marketing:	_____
Research & Development:	_____
Work Methods:	_____
Purchasing/Provisioning:	_____
Production:	_____
Inspection:	_____
After Sales:	_____

FACILITIES RESOURCES	
Surface Area:	
Total:	_____
Covered	_____
	<i>Breakdown by Facilities Type:</i>
	Workshops: _____
	Warehouses: _____
	Offices: _____

NOTE: If a NO or N/A block is ticked, please indicate on "Remarks" the comments you may have.

1	CALIBRATION MANAGEMENT SYSTEM	YES	NO	N/A
1.1	Have documented methods for the control and calibration of measurement standards and measuring equipment been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Has a calibration 'life cycle' model been established which covers the assessment of needs of the calibration service through to introduction and commissioning of equipment, ongoing operation and decommissioning of equipment where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Are the procedures effective and complied with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Does the system provide for the prompt detection of problems to prevent subsequent inaccuracies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Is there a procedure to ensure effective corrective action following the identification of problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Have appropriate systems for management of changes to processes and documents been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

2	ORGANIZATION	YES	NO	N/A
2.1	Are responsibilities of management and staff established and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Are authorized signatories defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Has a cross functional 'Criticality Assessment Team' or equivalent been	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	established to ensure equipment/methods etc., are evaluated in terms of risk?			
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Remarks:

3	INTERNAL AUDIT	YES	NO	N/A
3.1	Is there a schedule for planning and performance of internal audits to verify the effective operation of the management system and to ensure the competency of work performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Are audits planned and conducted such that all relevant requirements are periodically investigated utilizing tools such as checklists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Are audit findings recorded and actions agreed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Have audit findings been attended and closed out to ensure prevention of recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Are users/customers notified of audit findings that could cast doubt upon the quality of the calibration service provided (see 5.2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Do audits cover both the effective operation of the management system and the effective performance of calibration work through assessment of competency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

4	PERIODIC REVIEW OF THE CALIBRATION SYSTEM	YES	NO	N/A
4.1	Is the procedure for review of the measurement system and calibration system defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Does the review system link to the overall management system review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Do reviews cover all facets of the system and is it effective and complied with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Are the reviews planned and conducted according to the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Are records of reviews maintained and do they provide objective evidence of the effectiveness of the system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Is senior management informed of the results of the review and are actions taken in an agreed timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

5	CORRECTIVE AND PREVENTIVE ACTIONS	YES	NO	N/A
5.1	Are the results of internal and external audits investigated to discover the root cause of the problem and action taken to prevent recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Are users/customers notified of audit findings that could cast doubt upon the quality of the calibration service provided? (See 3.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are complaints from customers or users recorded and action taken to investigate, rectify and prevent recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Are risk assessment/data and trend analysis used to identify preventive actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	Are records of follow-up and closure of actions maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

6	CONTINUAL IMPROVEMENT	YES	NO	N/A
6.1	Is there a defined process for identifying opportunities for improvement based upon data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Have clear and measurable objectives and targets been established to monitor effectiveness of the calibration system and identify opportunities for improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Is there evidence that the improvement system is achieving desired results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

7	PLANNING	YES	NO	N/A
7.1	Are the needs of calibration and measurement properly planned and agreed before starting work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Is there a system to assess the criticality of the equipment to be calibrated in order to determine appropriate procedures and controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Is required equipment identified to ensure it is available and fit for use when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Are the calibration and measurement requirements reviewed to determine special, unusual or needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Is there an appropriate area allocated for carrying out all in-house calibration work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Are controlled environments provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Are there any special measurement requirements that cannot be satisfied that are relevant to the products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8	Do requests for calibration provide adequate information to perform the required work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9	Are reports of corrective action used to update planning schedules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.10	Have the particular needs of automatic test equipment (ATE) been allowed for, and plans established for the verification of software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

8	MEASUREMENT LIMITS	YES	NO	N/A
8.1	Have the acceptance criteria for calibration work been defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Have measurement uncertainties been established such that it can be assured that the equipment is capable of measuring within defined acceptance limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

9	DOCUMENTED CALIBRATION PROCEDURES	YES	NO	N/A
9.1	Are there prescribed procedures for performing calibration work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Where there are no in-house procedures, are appropriate and identifiable published standard practices or manufacturers' written instructions prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Do calibrations methods take into account all relevant factors (such as accuracy, range, hysteresis, environmental effects, non-linearity, preparation/stabilization prior to use, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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9.4	Is the latest issue of procedures identified and available at the point of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Are checks carried out to ensure that written procedures are adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Where calibration work is subcontracted are requirements specified and measures taken to ensure that it is effectively controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Are procedures prescribed for the control and/or measurement of special environmental requirements, if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

10	SOFTWARE	YES	NO	N/A
10.1	Is software/firmware utilized as part of the calibration service properly controlled and validated prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Has a configuration management system been developed to ensure that software changes/upgrades are implemented in a controlled manner and records maintained of dates of change and associated validations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

11	RECORDS	YES	NO	N/A
11.1	Is there a system for record keeping that is appropriate to the calibration and measurement system in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2	Are adequate records of calibrations and of the effective operation of the system (e.g. training, review records, etc.) maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3	Do the records, as necessary, include details of calibration controls, environmental data, designated error limits and information necessary to establish traceability to national/international standards of measurements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4	Is simple measuring equipment included in the records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5	Do the records demonstrate that the equipment is capable of performing measurements within the designated limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6	Does the record system allow for recall of equipment requiring calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.7	Does the system include the retention of calibration certificates or data used in support of all calibration of measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.8	Do the records document the software used for automatic calibration and test equipment procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.9	Is the change procedure, relating to calibration and measurement, documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.10	Are records retained in accordance with FAA requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

12	EQUIPMENT	YES	NO	N/A
12.1	Are measurement standards available and is measuring equipment available for calibration work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Are references standards/equipment capable of making the measurements required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.3	Have studies been conducted in terms of: - bias - linearity - stability - Repeatability and Reproducibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Are uncertainties of measurement evaluated taking into account the cumulative effect of errors and uncertainties in performing calibrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Is there a defined methodology used for performing measurement capability studies? (e.g. bias, linearity, stability, uncertainty, reproducibility, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6	Is effective corrective action taken when the total uncertainty could compromise calibration or measurement uncertainty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7	Is the measurement uncertainty given on certificates of calibration? Please provide an example of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

13	TRACEABILITY	YES	NO	N/A
13.1	Can all calibrations performed in-house, or by sub-contractors be traced through an unbroken chain of properly conducted calibrations to a national or international measurement standard? Are calibrations involving the use of natural physical constants or ratio-type self-calibration techniques adequately controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Are accredited laboratories used for calibration of master standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3	If accredited facilities are not available, have controls been established to ensure that master standards are properly calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

14	CALIBRATION LABELING	YES	NO	N/A
14.1	Has a system been established for labeling or coding that identifies the calibration status of measurement standards and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Is equipment that is not fully calibrated or has limited use fully identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3	Is there a prescribed system to ensure compliance with requirements where labeling is not practicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

15	SEALING FOR INTEGRITY	YES	NO	N/A
15.1	Are there adequate procedures for sealing against misuse or accidental adjustment of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2	Have any adjustable devices or measurement standards and measuring equipment that are not necessary to the normal operation of the equipment been fully sealed or safeguarded at the time of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3	Are the methods and materials used for sealing such that tampering will be noticeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4	Is the sealing such as to prevent access into the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:



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16	INTERVALS OF CALIBRATION	YES	NO	N/A
16.1	Have calibration intervals been established for all measurement standards and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.2	Have the calibration intervals been established from the equipment manufacturer's recommendations? <i>or</i> Have the calibration intervals been established from knowledge of the equipment stability, purpose, degree of usage, calibration records and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.3	Are calibration intervals adjusted on the basis of trend data obtained from previous calibration records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.4	Are calibration intervals adjusted on the basis of the usage of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

17	INVALIDATION OF CALIBRATION	YES	NO	N/A
17.1	Do the prescribed procedures ensure the immediate removal from use, or conspicuous identification of any measurement standard or measuring equipment that: <ul style="list-style-type: none"> a) Has not been calibrated in accordance with the established time scale? b) Has failed in operation in any measurement parameter? c) Shows evidence of physical damage? d) Is suspect for any reason? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2	Do the procedures provide for immediate notification of equipment failures or damage likely to have compromised quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.3	Have safeguards been prescribed to ensure that equipment is not brought into use without adequate checking or calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

18	SUBCONTRACTORS	YES	NO	N/A
18.1	Do procedures ensure that sub-contractors employ a measurement and calibration system that complies with the relevant requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Have systems been established to ensure that the procedures adopted by the subcontractor for calibration and measurement work are suitable and properly documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.3	Is there a system for the ongoing evaluation of subcontractors? Please provide an example of such evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

19	SUPPLIERS	YES	NO	N/A
19.1	Is there a system in place for evaluating suppliers of equipment, services and consumables that may affect the results of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.2	Are purchase/contractual requirements clearly specified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.3	Are there systems in place for initial selection and monitoring of supplier performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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19.4	Are systems in place for checking items to ensure that they are fit for use prior to placing into service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Remarks:

20	STORAGE AND HANDLING	YES	NO	N/A
20.1	Is there an adequate system for the handling, transporting and storing of measurement standards and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.2	Are unauthorized persons allowed access to calibration and storage areas? If so, how is equipment protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.3	Do the procedures require a requirement for reporting damage, abuse or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

21	ENVIRONMENTAL CONTROL	YES	NO	N/A
21.1	Is environmental control provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.2	Are the environmental conditions provided appropriate and taken into account in estimates of uncertainty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.3	Are controlled environmental areas properly laid out, monitored and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.4	Are environmental monitoring devices properly maintained and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.5	Are environmental compensating corrections applied to calibration and measurement data when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

22	EVALUATION BY CUSTOMERS/THIRD PARTIES	YES	NO	N/A
22.1	Is reasonable access made available for the evaluation of the system taking into account confidentiality where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.2	Are secure and adequate facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

23	COMPETENCE AND TRAINING	YES	NO	N/A
23.1	Do members of staff performing calibration work have the necessary training and competency to conduct the work required of them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.2	Is the experience or training applicable to the type of calibration work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.3	Has ongoing development/training for personnel performing work which can affect quality been identified and planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.4	Are ongoing assessments of competence of staff performed and appropriate actions taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.5	Are reproducibility studies performed to ensure that consistency of results is obtained between personnel performing calibrations and measurements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:



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Please verify that all the information was properly filled out previous to printing and signing the below. (Please add any additional information that you consider may be helpful)

QUESTIONNAIRE COMPLETED BY:

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **Date:** _____