

# Clearance Device Verification Form

Date: \_\_\_\_\_  
 Owner/Operator Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Owner/Operator Signature: \_\_\_\_\_  
 Company and Branch Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Individual Performing Verification: \_\_\_\_\_  
 Signature of Individual Performing Verification: \_\_\_\_\_  
 Distributor / Company Name: \_\_\_\_\_

Verification may be completed in-person or via online video conferencing, such as FaceTime, Skype or similar technology, to demonstrate the equipment is operational and verify the calibration clock/sticker.

Type of Device <small>(CLIRcheck, Interscan, Miran, SF-ExplorIR, FumiSpec-Lo)</small>	Device Serial Number*	Date of Last Calibration	Pass or Fail	Reason for Failure	Initials Owner

\* If the Clearance Device is an Interscan, it is recommended that the Serial Number for the sensor also be included. Fumigators calibrating their Interscans must provide to their Douglas Products representative or distributor of Vikane documentation that they own the necessary equipment (e.g. calibration gas cylinder containing ca. 5 ppm sulfuryl fluoride, regulator, and gas sample bag) to conduct these calibrations. Please note on this document if this requirement is met.

**Reverification of Devices Failing to Pass**

Type of Device <small>(CLIRcheck, Interscan, Miran, SF-ExplorIR, FumiSpec-Lo)</small>	Device Serial Number*	Date of Reverification	Pass or Fail	Reason for Failure	Initials Owner

\* If the Clearance Device is an Interscan, it is recommended that the Serial Number for the sensor also be included.

