JOINT MEETING OF ESSEX & UNION COUNTIES
INDUSTRIAL USER DISCHARGE MONITORING REPORT

pH FIELD CALIBRATION SHEET

FACILITY NAME _____

FACILITY ADDRESS _____

PERMIT NO. _____   OUTFALL NO. _____

CALIBRATION

pH Meter Make & Model: _____
Does Meter have Auto-Temperature Compensation? (check) ☐ YES ☐ NO
 * *If **NO** is checked please show both initial pH and Temp. Adj. pH readings.*
Acceptable Range of Slope or Efficiency: _____ (per Manufacturer)
Meter Calibrated By: _____
Affiliation: _____
Date: _____
Time: _____
Location: _____

BUFFERS	**READING**	*Indicate Buffers Used for Calibration with (X)*
4.00		
7.00		
10.00		
Check Buffer:		
Slope / Efficiency		Slope / Efficiency Acceptable? (CHECK) ☐YES ☐ NO

SAMPLING

Sample Taken By: _____

Affiliation: _____

Sample Container Type: _____   Volume of Sample: _____
Time Sample Taken: _____   Time Analyzed: _____
pH Reading: _____ S.U.   Temperature: _____ ºC