



Calibration Certificate for Taiwan Containers

For cold treatment of self refrigerated containers

Name of company performing calibration:

Address:

Town:

Postcode:

Container number:

Seal number:

Recorder serial number:

Date of calibration:

Calibration results:

Sensor ID	First reading	Second reading	Correction factor
1.			
2.			
3.			

Date of loading:

Department of Agriculture and Water Resources Officer: _____

Signature: _____

Date: _____

