|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **اسم الجهاز**  **Device Name** |  | | **رقم الجهاز**  **Device No.** | |  |
| **موقع الجهاز**  **Place** |  | | **الجهة المسؤولة عن المعايرة**  **Calibration Responsibility** | |  |
| **تاريخ المعايرة**  **Calibration Date** | | **الحصول على شهادة المعايرة**  **Calibration Certificate Exists** | | **توقيع قائد فريق الهاسب**  **HACCP Team Leader Signature** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |