**医疗器械临床试验仪器设备校准记录**

科室名称

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **设备名称** | **校准情况记录** | **责任人签字** | **日期** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |