













## Equipment, Supplies & Calibration (Continued)

### Equipment 1 information continued

**Equipment manufacturer contact** information related technical support:

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

Website:

### Equipment 2 Make and Model:

Technology:

OAE

A-ABR

Process for completing the annual calibration with the equipment manufacturer or the local certified equipment technician for your specific hearing screening equipment:

Last calibration date (mm/yyyy):

Calibration due date (mm/yyyy):

Who to contact for **scheduling the annual calibration**:

Name:

Address:

Address 2:

City, State, Zip Code:

Phone:

Email:

**Equipment manufacturer contact** information related technical support:

Name:

Address:

Address 2:

City, State Zip Code:

Phone:

Email:

Website:

If you have questions regarding this worksheet please email [nhstc@infanthearing.org](mailto:nhstc@infanthearing.org).