

**5.5 Checklist for Out of Box Equipment Tests**

Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Equipment Source: \_\_\_\_\_  
 Equipment Serial Numbers: \_\_\_\_\_  
 Reviewer's Name and Title: \_\_\_\_\_  
 Date of Review: \_\_\_\_\_  
 Date of last Instrument Conformity Test: \_\_\_\_\_

	Y	N	N/A
a. Has the equipment been inventoried and inspected for damage or wear?	_____	_____	_____

Give Details: \_\_\_\_\_

b. Are spare parts (cables) included with system?	_____	_____	_____
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c. Has the cable shake test been performed? (Replace any faulty components if necessary)	_____	_____	_____
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Give Details on replaced Items: \_\_\_\_\_  
 \_\_\_\_\_

d. Has the instrument been nulled?	_____	_____	_____
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e. Has a nearby, noise-free site been selected for static background and static response tests?	_____	_____	_____
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f. Have the following instrument function tests been successfully performed:	_____	_____	_____
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<ul style="list-style-type: none"> <li>• Static background test demonstrating &lt;20% deviation in response for at least 3 minutes?</li> </ul>	_____	_____	_____
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<ul style="list-style-type: none"> <li>• Instrument response test demonstrating &lt;20% deviation in response from test to test?</li> </ul>	_____	_____	_____
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Further Notes: \_\_\_\_\_  
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