

# FARM BULK MILK TANK CALIBRATION FORM

Producer number: \_\_\_\_\_ County: \_\_\_\_\_

Producer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Milk Handler: \_\_\_\_\_

Tank Make/Model: \_\_\_\_\_ Tank Serial Number: \_\_\_\_\_

Tank Size: \_\_\_\_\_ Gauge Serial Number: \_\_\_\_\_

Tank Number: \_\_\_\_\_

Standard     Metric

Legs sealed?    yes    no



Identify agitator location(s): X

Gallons X 8.6		=	Pounds Milk		<input type="checkbox"/> Inches <input type="checkbox"/> CM	<input type="checkbox"/> 32nds <input type="checkbox"/> MM	Gallons X 8.6		=	Pounds Milk		<input type="checkbox"/> Inches <input type="checkbox"/> CM	<input type="checkbox"/> 32nds <input type="checkbox"/> MM
1							26						
2							27						
3							28						
4							29						
5							30						
6							31						
7							32						
8							33						
9							34						
10							35						
11							36						
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20							45						
21							46						
22							47						
23							48						
24							49						
25							50						

\_\_\_\_\_ Date Calibrated

\_\_\_\_\_ Calibrated by: