



FORM 4: Stability Check Recordkeeping Form For Portable Analyzers

DATE: _____ TIME (start/stop): _____ / _____ NAME: _____

OPERATOR: _____ Analyzer S/N: _____

Dates of Last Cell Replacements: CO: _____ NO: _____ NO₂: _____ O₂: _____

Date of Last Stability Check: _____

Requirements: * % Deviation either less than or equal to 1% of Span for 15 minutes or 2.5 % for 30 minutes
 * Stability check must be conducted within 12 months of the test date and when an electrochemical cell is replaced.

Date of Stability Check: _____

Elapsed Time (Minutes)	Analyzer Response		
	CO (ppm)	NO (ppm)	NO ₂ (ppm)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Elapsed Time (Minutes)	Analyzer Response		
	CO (ppm)	NO (ppm)	NO ₂ (ppm)
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

		CO	NO	NO ₂
Span Gas Concentration (ppm)				
15-Minute Stability Period	Maximum ppm			
	Minimum ppm			
	% Deviation*			
30-Minute Stability Period	Maximum ppm			
	Minimum ppm			
	% Deviation*			

* % Deviation = 100 x (Max. - Min.) / Span Gas Concentration

CERTIFICATION: Based on the information and belief formed after reasonable inquiry, I certify that the statements and information contained in this report are true, accurate, and complete.

 Test Conducted By

 Signature

 Title

 Date