



## Form A1

This is to certify that the audiometer:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_  
 Owned By: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ WorkCover No: \_\_\_\_\_

has been calibrated to the relevant clauses of the Australian Standards:

AS IEC 60645 2002 - Electroacoustics – Audiological equipment  
 AS 1591.1 - 1995 - Bone Conduction  
 AS 1591.2 - 1987 - Zero reference for calibration of pure tone audiometers

and meets the minimum requirements, as specified by the Executive Director, for:

Air-conduction only  Full Audiological

### Calibrated with

<p>Cushion type: <input type="text"/></p> <p>Earphone Type: <input type="text"/></p> <p>and</p> <p>Cushion type: <input type="text"/></p> <p>Earphone Type: <input type="text"/></p> <p>Bone Conductor: <input type="text"/></p>	<p>Enclosure Fitted: <input type="text"/></p> <p>Left Serial Number: <input type="text"/></p> <p>Right Serial Number: <input type="text"/></p> <p>Enclosure Fitted: <input type="text"/></p> <p>Left Serial Number: <input type="text"/></p> <p>Right Serial Number: <input type="text"/></p> <p>Serial Number: <input type="text"/></p>
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### Note:

- Only earphone/cushion, earphone/enclosure combinations listed in Appendix C of Australian Standard AS/NZS 1269.4:1998 will be approved.
- Noise excluding headsets must not be used for full audiological assessments.
- \*\*ER – 3A Insert earphones may be used only for full audiological assessments.

If the calibration was conducted after the previous expiry date, were any major adjustments required to bring the audiometer within tolerance levels? If so please describe in detail below or provide additional information on a separate page:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calibration laboratory: \_\_\_\_\_ Laboratory approval number: **CL**

Approved signatory: \_\_\_\_\_  
block capitals signature

Calibration date: \_\_\_\_\_

### WorkCover WA use only

Approved for: \_\_\_\_\_ Full audiological  Air conduction only

Approval officer: \_\_\_\_\_ Date: \_\_\_\_\_