

EQUIPMENT ACCURACY LOG FOR BMI MEASUREMENT

SCHOOL NAME: _____

SCHOOL DISTRICT NAME: _____

COUNTY: _____

DATE	Initials	Scale Brand Type (D, S, B) Max Weight	Stadiometer Type	Station/Location	5/10/20 lb Verification	Change from previous year

INITIAL/ SIGNATURE _____

INITIAL/ SIGNATURE _____

INITIAL/ SIGNATURE _____

KEY: Changes from previous year

L= Location

E= Equipment

S= Staff Change

O= Other (explain above)