

State of New Hampshire Department of Agriculture, Markets, and Food

Division of Weights and Measures

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Department of Agriculture,
Markets, and Food

INSPECTION REPORT FORM CLASS III L VEHICLE SCALES

DRAFT VERSION NOT PUBLISHED - FOR FIELD TRIAL USE

Form: Name Version X Revised X/XX

LOCATION			DACE (OF)
LOCATION			PAGE (OF)
BUSINESS NAME:		W&M ACCT. #:	If new business, write "no account" and add phone number and POC name in remarks.
ADDRESS:		TOWN:	STATE: ZIP:
DEVICE (*remark required) CERTIFIED	TESTED ADJUSTED	*REPAIRED *REJECTED	ADD TO LICENSE *REMOVE FROM LICENSE
SCALE LOCATION:	TOTAL # OF SECTION	ONS: PLATFORM SIZE:	TYPE:
CC#: MAKE:	MODEL:	S/N: CAP	ACITY: D VALUE:
INDICATOR TYPE: ☐ STANDALONE ☐ SOFTWARE INTEGRATED ☐ INSTALL OF NEW INDICATOR (REPLACING PREVIOUS INDICATOR ON LICENSE)			
			ACITY: D VALUE:
SECURITY SEAL (as found): #	EFFECTIVE INEFFEC	TIVE BROKEN MISSING	DIGITAL AUDIT TRAIL ONLY NOT APPLICABLE
PRETEST DETERMINATIONS TOLERANCE APPLIED: MAINT. ACCEPT. UNATTENDED SCALE SITE? Y N BI-DIRECTIONAL APPROACHES? Y N			
DISPLAY ELEMENT IN CUSTOMER VIEW (AT ZERO AND ON SCALE)? Y N APPROACHES CORRECT? Y N ALL SYSTEMS OPERATIONAL? Y N			
TEST & REMARKS COMMERCIALLY	USED? Y N (If no, remark	(required) MOTION DETECTION CA	PABILITY? (new installs/overhauls required) Y N
INCREASING LOAD TEST W/ TEST WEIGHTS WEIGHT APPLIED READING TOLER AT ZERO	RANCE (LB) ERROR (LB) ± ERROR	WEIGHT APPLIED READI	ONE HALF MAXIMUM WEIGHT APPLIED (AS SEALED)
		WEIGHT APPLIED	SCALE READING TOLERANCE (LB) ERROR (LB) ±
SUBSTITUTION TEST MINIMUM 25% CA APPLIED (COMBINED) READING TOLER	DANICE (LD) EDDOD (LD) L	TRAIN-LOAD TEST AT USED CAP. OR TO CLIED (COMBINED) READING TOLERANCE	
NUMBER OF SUBSTITUTIONS MADE: TEST WEIGHTS USED: APPROXIMATE USED CAPACITY OF SCALE TOTAL: CERTIFICATION STAMP #: REMARKS:	Tolerance applies to LB known weights used KNC	DWN WEIGHTS USED: DUNTER NUMBERS (AS SEALED) Requirements	AZT MECHANISM:LB
PRIVATE SERVICE TECHNICIAN (COMPANY:) STATE WEIGHTS AND MEASURES OFFICIAL			
The licensed service technician shall complete this form accurately and completely. A copy of this form and any official rejection tag removed from the device shall be sent via mail, email, or fax within 5 days to the address at the top of this form. A copy of this form shall also be provided to the owner/operator of the device within 5 days.			
By signing, I certify the device(s) listed above were inspected and tested using accepted procedures in accordance with NH Revised Statutes Annotated (RSA) Chapter 438. If certified, the device(s) meet all requirements set forth in National Institute of Standards and Technology (NIST) Handbook 44 (current edition) for commercial devices.			
WEIGHT CART WEIGHT KIT 25 LB 500 LB SEAL PRESS #: INSPECTION DATE:			
NAME: SIGNA	ATURE:	CUSTOMER NAME/SIGNATURE (OPTIC	ONAL): /