



New Hampshire Department of Agriculture, Markets & Food
Division of Weights & Measures
 PO Box 2042
 Concord, NH 03302-2042

PLACED IN SERVICE / INSPECTION REPORT FORM
SCALES & LINEAR MEASURES
 Print Legibly or Type All Information

Tel: (603) 271-3700
 Fax: (603) 271-1109
 Email: Dennis.Marquis@agr.nh.gov

Date: 2/5/15	Service Co: NH Scale Co.	W&M Acct.#: 12345
Service Technician: John Doe		Lic. No. 001
Name of Business: Billy's IGA		Town: Freeland
Address: 567 Pleasant Street		Zip Code: 03999

REMARKS:

Both certified scales are NTEP approved

Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input checked="" type="checkbox"/>	Installed: <input type="checkbox"/>
Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input checked="" type="checkbox"/> SN#: z24173	Replaces: <input type="checkbox"/> SN#:
Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>
Test & Calibrate: <input checked="" type="checkbox"/>	Test & Calibrate: <input type="checkbox"/>	Test & Calibrate: <input checked="" type="checkbox"/>	Test & Calibrate: <input type="checkbox"/>
Certified: <input checked="" type="checkbox"/> Rejected: <input type="checkbox"/>	Certified: <input type="checkbox"/> Rejected: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>	Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>
Make: China	Make: TAS	Make: TAS	Make:
Model #: AC-1	Model #: LR4	Model #: LR4	Model #:
Serial #: X21134	Serial #: z24173	Serial #: z24905	Serial #:
Capacity: 30 lb	Capacity: 30 lb	Capacity: 30 lb	Capacity:
Cert. Stamp #: 081142	Cert. Stamp #: n/a	Cert. Stamp #: 081143	Cert. Stamp #:
Location or Lane #: Deli	Location or Lane #: Seafood	Location or Lane #: Seafood	Location or Lane #:

Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>
Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:
Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>
Test & Calibrate: <input type="checkbox"/>			
Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>			
Make:	Make:	Make:	Make:
Model #:	Model #:	Model #:	Model #:
Serial #:	Serial #:	Serial #:	Serial #:
Capacity:	Capacity:	Capacity:	Capacity:
Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:
Location or Lane #:			

John Doe

 Signature of Service Technician

The licensee shall complete this form accurately. The white copy 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. I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 (current edition) for commercial devices and that they were tested using accepted test procedures in accordance with NIST Handbook 112: Examination Procedures Outlines for Weighing and Measuring Devices.