



**State of New Hampshire**  
**Department of Agriculture, Markets, and Food**  
**Division of Weights and Measures**  
 PO Box 2042, Concord, NH 03302-2042  
 P: 603-271-3700 F: 603-271-1109 nhwm@agr.nh.gov

New Hampshire  
 Department of Agriculture,  
 Markets, and Food

**INSPECTION REPORT FORM**  
**0 - 300 LB. CAPACITY SCALES**

**DRAFT VERSION**  
**NOT PUBLISHED - FOR FIELD TRIAL USE**

**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

LOCATION: \_\_\_\_\_ CC#: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ S/N: \_\_\_\_\_  
 CAPACITY: \_\_\_\_\_ D VALUE(S): \_\_\_\_\_ ERROR(S) IN D ± (as found): \_\_\_\_\_ 0-500 D \_\_\_\_\_ 501-2000 D \_\_\_\_\_ 2001-4000 D \_\_\_\_\_ 4001+ D  
 SECURITY SEAL (as found): # \_\_\_\_\_  EFFECTIVE  INEFFECTIVE  BROKEN  MISSING  DIGITAL AUDIT TRAIL ONLY  NOT APPLICABLE  
 AUTO RETURNS TO ZERO (as found):  Y  N IF APPLICABLE, SHIFT TEST ERROR IN D ± (as found): \_\_\_\_\_ Q1 \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_ Q4  
 COMMERCIALY USED?  Y  N (If no, remark required) REMARKS:  
 CERTIFICATION STAMP #:

**DEVICE** (\*remark required)  CERTIFIED  TESTED  ADJUSTED  \*REPAIRED  \*REJECTED  ADD TO LICENSE  \*REMOVE FROM LICENSE

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 COMMERCIALY USED?  Y  N (If no, remark required) REMARKS:  
 CERTIFICATION STAMP #:

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.

CALIBRATED TEST WEIGHTS USED:  WEIGHT KIT  5 LB  10 LB  25 LB  50 LB  OTHER \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ SEAL PRESS #: \_\_\_\_\_