



**State of New Hampshire**  
**Department of Agriculture, Markets, and Food**  
**Division of Weights and Measures**  
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**New Hampshire**  
 Department of Agriculture,  
 Markets, and Food

**INSPECTION REPORT FORM**  
**CLASS II - III PRECISION 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

NTEP CC #: \_\_\_\_\_ Location: \_\_\_\_\_ Make: \_\_\_\_\_  
 Model: \_\_\_\_\_ S/N: \_\_\_\_\_ Capacity: \_\_\_\_\_ Value of d: \_\_\_\_\_  
 Security Seal (as found): # \_\_\_\_\_     Effective     Ineffective     Broken     Missing     Digital Audit Trail Only     Not Applicable  
 Digital Audit Trail Only (as sealed): \_\_\_\_\_ Calibration \_\_\_\_\_ Configuration    Commercially Used?  Y  N (If no, remark required)

Certification Stamp #: \_\_\_\_\_ Remarks: \_\_\_\_\_

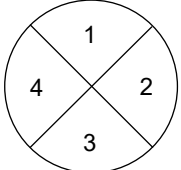
If tested off-site, (*) annotated items are not required to be entered on Inspection Report Form <b>Inspection &amp; Test</b>	As Found		As Sealed	
	Yes	No	Yes	No
*Level condition?				
*Display and weighing platter visible to customer?				
*Scale protected from environmental factors?				
*Sufficient scale support?				
Digital display indications working properly?				
All buttons working properly?				
Scale auto returns to zero?				
Scale manually returns to zero?				
Tested at location of scale use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*For Class III, divide d by 10	Results		Tolerance	
	Weight Applied	Error in d ±	Accept. <input type="checkbox"/>	Maint. <input type="checkbox"/>
<b>Test Load</b>				
Minimum Load	20 d			
	50 d			
Increasing Load*	1000 d		± 1 d	± 1 d
	3000 d			
	5000 d			
	8000 d			
	12000 d		± 1 d	± 2 d
	20000 d			
	_____ d			
	_____ d		± 2 d	± 3 d
	_____ d			
Over 105% Nominal Capacity	Error Message <input type="checkbox"/>	Blank Display <input type="checkbox"/>	Indicating Over 105% <input type="checkbox"/>	
Decreasing Load*	20000 d		± 1 d	± 2 d
	5000 d		± 1 d	± 1 d
	0 d		0 d	0 d

**Shift Test at 1/3 Scale Capacity**

Amount of weight used: \_\_\_\_\_

		Error in d ±	
		As Found	As Sealed
1	2	1	
2	3	2	
3	4	3	
4	1	4	



Range of "d" errors cannot exceed maintenance tolerance

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     Other \_\_\_\_\_    Inspection Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Seal Press #: \_\_\_\_\_