



State of New Hampshire

Department of Agriculture, Markets & Food

Division of Weights and Measures

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New Hampshire
Department of Agriculture,
Markets & Food

INSPECTION REPORT FORM CLASS II - III PRECISION SCALES

Location Page (of)

Business Name: _____ Phone: _____ W&M License #: _____
Address: _____ Town: _____ State: _____ Zip: _____

Device (*remark required) Certified Add to License *Replaces Adjusted Repaired *Rejected *Remove from License

NTEP CC #: _____ Location/Lane #: _____ Make: _____
Model: _____ S/N: _____ Capacity: _____ Value of d: _____
Physical Security Seal # (as found): _____ Intact Broken/Ineffective Missing Tamper Evident Sticker
Digital Audit Trail (as sealed): _____ Calibration _____ Configuration _____ Non-Commercial Use: (add remark)

Certification Stamp #: _____ Remarks: _____

Inspection & Test	As Found		As Sealed	
	Yes	No	Yes	No
Scale at zero?				
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?				
Copy of valid license available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tested at location of scale use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

*For Class III, divide d by 10	Test Load	Results		Tolerance	
		Weight Applied	Error in d ±	Accept.	Maint.
	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 Capacity	Cap. + 9 d	Error Message	Blank Display	Indicating Over 9 d
	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		
3		
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 that the device listed above was tested using accepted procedures in accordance with the National Institute of Standards and Technology (NIST) Examination Procedure Outline (EPO) and that the device, if certified, meets all requirements set forth in NIST Handbook 44 (current edition) for commercial devices.

Name: _____ Signature: _____ Seal Press #: _____

Equipment Calibration Test #(s): _____ Inspection Date: _____