



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

Tel: (603) 271-3700
 Fax: (603) 271-1109

Email: devices@agr.nh.gov

PLACED IN SERVICE / INSPECTION REPORT FORM
VEHICLE TANK METERS

Date:	Service Technician:	Lic.#:	Page	of	Weights & Measures Acct.#:
Name of Business:					Remarks:
Address:					
City:	State:	Zip Code:			

Installed: <input type="checkbox"/>	Certified: <input type="checkbox"/>	Stamp #:			
Test & Calibrate: <input type="checkbox"/>	Rejected: <input type="checkbox"/>	Repaired: <input type="checkbox"/>			
Equipment #: _____ Make of Meter: _____					
Serial # meter: _____ Size: _____ (in)					
Marked discharge rate: max: _____ gal/min. min: _____ gal/min: _____					
Make of register: _____ S Gear # _____ R Gear # _____					
Product used to test meter: _____					
Totalizer Readings: Start: _____ Finish: _____					
Installation Complies with NIST Handbook 44:					
	YES	NO		YES	NO
Air Eliminator & Hose	<input type="checkbox"/>	<input type="checkbox"/>	Anti-drain Valve	<input type="checkbox"/>	<input type="checkbox"/>
Zero Reset	<input type="checkbox"/>	<input type="checkbox"/>	Printer	<input type="checkbox"/>	<input type="checkbox"/>
Adjustments Found Sealed	<input type="checkbox"/>	<input type="checkbox"/>	Data Plate Visible	<input type="checkbox"/>	<input type="checkbox"/>
Performance Data (As Found)					
Type of Test	gal/min	Meter Indication	Prover Reading	Meter Error	
Regular					
Restricted					
Air Eliminator					
Performance Data (As Sealed)					
Type of Test	gal/min	Meter Indication	Prover Reading	Meter Error	
Regular					
Restricted					
Air Eliminator					

Installed: <input type="checkbox"/>	Certified: <input type="checkbox"/>	Stamp #:			
Test & Calibrate: <input type="checkbox"/>	Rejected: <input type="checkbox"/>	Repaired: <input type="checkbox"/>			
Equipment #: _____ Make of Meter: _____					
Serial # Meter: _____ Size: _____ (in)					
Marked discharge rate: max: _____ gal/min min: _____ gal/min					
Make of register: _____ S Gear # _____ R Gear # _____					
Product used to test meter: _____					
Totalizer readings: Start: _____ Finish: _____					
Installation Complies with NIST Handbook 44:					
	YES	NO		YES	NO
Air Eliminator & Hose	<input type="checkbox"/>	<input type="checkbox"/>	Anti-drain Valve	<input type="checkbox"/>	<input type="checkbox"/>
Zero Reset	<input type="checkbox"/>	<input type="checkbox"/>	Printer	<input type="checkbox"/>	<input type="checkbox"/>
Adjustments Found Sealed	<input type="checkbox"/>	<input type="checkbox"/>	Data Plate Visible	<input type="checkbox"/>	<input type="checkbox"/>
Performance Data (As Found)					
Type of Test	gal/min	Meter Indication	Prover Reading	Meter Error	
Regular					
Restricted					
Air Eliminator					
Performance Data (As Sealed)					
Type of Test	gal/Min	Meter Indication	Prover Reading	Meter Error	
Regular					
Restricted					
Air Eliminator					

The licensee shall complete this form accurately. This form and any official rejection tag removed from the device shall be sent via mail, email, or fax within 5 days to the **NH Division of Weights and Measures, PO Box 2042, Concord, NH 03302-2042**. I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 (current edition) for commercial devices and were tested using accepted test procedures as outlined in NIST Handbook 112: Examination Procedure Outlines for Weighing and Measuring Devices. **Signature of Service Technician:** _____ **Dated:** _____