



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

DRAFT VERSION
NOT PUBLISHED - FOR FIELD TRIAL USE

INSPECTION REPORT FORM
301 - 40000+ LB. CAPACITY SCALES (NOT FOR VEHICLE SCALES)

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

SCALE LOCATION: _____ (All scale fields required for new install/overhaul. Otherwise, remark required if any field information is not accessible.)
 CC#: _____ MAKE: _____ MODEL: _____ S/N: _____ CAPACITY: _____ D VALUE(S): _____
 SECURITY SEAL (as found): # _____ EFFECTIVE INEFFECTIVE BROKEN MISSING DIGITAL AUDIT TRAIL ONLY NOT APPLICABLE
 TYPE: PLATFORM HOPPER CONVEYOR BELT ON-BOARD SYSTEM FORKLIFT PALLET JACK BEAM HANGING OTHER _____

INDICATOR (IF APPLICABLE) CC#: _____ (All indicator fields are required if the indicator is a separate serialized device connected to the scale)
 MAKE: _____ MODEL: _____ S/N: _____ CAPACITY: _____ D VALUE(S): _____
 SECURITY SEAL (as found): # _____ EFFECTIVE INEFFECTIVE BROKEN MISSING DIGITAL AUDIT TRAIL ONLY NOT APPLICABLE

TEST & REMARKS TOLERANCE APPLIED: MAINTENANCE ACCEPTANCE

| INCREASING/DECREASING LOAD TEST (AS FOUND) | | | | (AS SEALED) | |
|--|----------------|---------|----------------|--------------|--------------|
| | WEIGHT APPLIED | READING | TOLERANCE (LB) | ERROR (LB) ± | ERROR (LB) ± |
| AT ZERO | | | | | |
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| RETURN TO ZERO | | | | | |

| SHIFT TEST IF APPLICABLE (AS FOUND) | | | | | (AS SEALED) |
|-------------------------------------|----------------|---------|----------------|--------------|--------------|
| | WEIGHT APPLIED | READING | TOLERANCE (LB) | ERROR (LB) ± | ERROR (LB) ± |
| Q1 | | | | | |
| Q2 | ↓ | | ↓ | | |
| Q3 | | | | | |
| Q4 | ↓ | | ↓ | | |

| | |
|---|--|
| AUDIT TRAIL (AS SEALED) | SUBSTITUTION TEST (AS SEALED) |
| CALIBRATION | WEIGHT APPLIED (COMBINED) ERROR (LB) ± |
| CONFIGURATION | |
| <small>Required if device has no other security seal parameter (digital audit trail only)</small> | NUMBER OF SUBSTITUTIONS MADE: |
| | TEST WEIGHTS USED: LB |

| | |
|--|-------------------------------|
| STRAIN-LOAD TEST (AS SEALED) | USED CAPACITY OF SCALE |
| WEIGHT APPLIED (COMBINED) ERROR (LB) ± | APPROXIMATE AMOUNT |
| | |
| KNOWN WEIGHTS USED: LB | TOTAL: LB |

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 10 LB 20 LB 25 LB 50 LB 500 LB
 1000 LB 10 KG 20 KG OTHER _____ SEAL PRESS #: _____ INSPECTION DATE: _____

NAME: _____ SIGNATURE: _____ CUSTOMER NAME/SIGNATURE (OPTIONAL): _____ / _____
 Form: Name Version X Revised X/XX