



**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  
 RETAIL MOTOR FUEL METERS**

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

PAGE ( OF )

BUSINESS NAME: \_\_\_\_\_ W&M ACCT. #: \_\_\_\_\_ IF NEW BUSINESS, WRITE "NO ACCOUNT" AND ADD PHONE NUMBER AND POC NAME IN REMARKS  ABOVE GROUND STORAGE TANKS

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TOTAL # OF METERS: \_\_\_\_\_ BLEND PUMPS:  Y  N

REMARKS: \_\_\_\_\_

<input type="checkbox"/> ALL INDICATOR VALUES DISPLAY	<b>REQUIRED TO PASS FOR CERTIFICATION</b>		<b>PRODUCT KEY:</b> (1) 87 OCTANE (2) 89 OCTANE
			(3) 91 OCTANE (4) 93 OCTANE (5) DIESEL
	<input type="checkbox"/> ALL FUEL DESIGNATIONS LEGIBLE		(6) KEROSENE (7) DEF (8) OTHER <small>REMARK REQUIRED</small>

PUMP #	CERTIFICATION STAMP #	DISPENSER SERIAL #	DISPENSER MAKE	DISPENSER MODEL & NTEP CC #	SECURITY SEAL # (AS FOUND)	EFFECTIVE SECURITY SEAL? (AS FOUND)	PRODUCT KEY	GALLONS USED FOR TEST	TEST	ERROR ± IN <sup>3</sup> (AS FOUND)	ERROR ± IN <sup>3</sup> (AS SEALED)	ALL DEVICES COMMERCIALY USED? <input type="checkbox"/> Y <input type="checkbox"/> N (If no, remark required)		
												*REMARK REQUIRED FOR (*) BOXES		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		
				MODEL: CC#:		<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, add remark)			NORMAL SPECIAL			<input type="checkbox"/> CERTIFIED <input type="checkbox"/> TESTED <input type="checkbox"/> *REJECTED <input type="checkbox"/> ADJUSTED <input type="checkbox"/> *REPAIRED <input type="checkbox"/> ADD TO LIC.		

PRIVATE SERVICE TECHNICIAN (COMPANY: \_\_\_\_\_)  STATE W&M OFFICIAL

CALIBRATED PROVER USED:  5 GAL  10 GAL  OTHER \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

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

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.