



**New Hampshire Department of Agriculture, Markets & Food**  
**Division of Weights & Measures**  
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**PLACED IN SERVICE / INSPECTION REPORT FORM**  
**SCALES & LINEAR MEASURES**

Date:	Service Co:	W&M Acct.#:
Service Technician:		Lic. No.
Name of Business:		Town:
Address:		Zip Code:

**Summary of Work Completed / Remarks:**

Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>
Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:
Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>
Test & Calibrate: <input type="checkbox"/>			
Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>			
Make:	Make:	Make:	Make:
Model #:	Model #:	Model #:	Model #:
Serial #:	Serial #:	Serial #:	Serial #:
Capacity:	Capacity:	Capacity:	Capacity:
Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:
Location or Lane #:			
Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>	Installed: <input type="checkbox"/>
Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:	Replaces: <input type="checkbox"/> SN#:
Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>	Repaired: <input type="checkbox"/>
Test & Calibrate: <input type="checkbox"/>			
Certified: <input type="checkbox"/> Rejected: <input type="checkbox"/>			
Make:	Make:	Make:	Make:
Model #:	Model #:	Model #:	Model #:
Serial #:	Serial #:	Serial #:	Serial #:
Capacity:	Capacity:	Capacity:	Capacity:
Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:	Cert. Stamp #:
Location or Lane #:			

\_\_\_\_\_  
 Signature of Service Technician

The licensee shall complete this form accurately. **The white copy 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.** I certify that the device(s) listed above meet(s) all requirements set forth in NIST Handbook 44 (current edition) for commercial devices and that they were tested using accepted test procedures in accordance with NIST Handbook 112: Examination Procedures Outlines for Weighing and Measuring Devices.