



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 SCALES

Date:	Service Tech:	Lic#:	Page of	W & M 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"/>		
Make of Scale	Scale Capacity	Serial Number	Make of Beam or Dial	Min. Grad (weight indicated)		
Make of Indicator	Platform Size X ft	Type of Levers	Bal. Condition on Arrival (weight indicated)			
SECTION TEST	SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5	SECTION 6
AS FOUND	lb	lb	lb	lb	lb	lb
AS SEALED	lb	lb	lb	lb	lb	lb

TEST RESULTS / INCREASING — LOAD TEST
(CONDUCTED IN 2000 LB INCREMENTS UP TO 12.5 % OF DEVICE CAPACITY WITH KNOWN TEST WEIGHT)

SR AT ZERO _____ lb APPLIED						SR AT MAXIMUM TEST LOAD _____ lb APPLIED					
SCALE INDICATION _____ lb				APPLIES TO MECHANICAL WEIGHT BEAM SCALES ON-		SCALE INDICATION _____ lb					
AS FOUND						AS SEALED					
Test Load (lb)	Scale Indication	Error (lb)	Test Load (lb)	Scale Indication	Error (lb)	Test Load (lb)	Scale Indication	Error (lb)	Test Load (lb)	Scale Indication	Error (lb)
0			14000			0			14000		
2000			15000			2000			15000		
4000			17000			4000			17000		
6000			19000			6000			19000		
8000			21000			8000			21000		
10000			23000			10000			23000		
12000			25000			12000			25000		

STRAIN-LOAD TEST	LEFT TO RIGHT			RIGHT TO LEFT		
	SECTION 1	SECTION 2	SECTION 3	SECTION 4	SECTION 5	SECTION 6
Indicate Weight of Empty Truck						
Amount of Test Weights Added						
Scale Indication (Truck + Weights)						
Error on Test Weights Only						

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 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: _____

Date: _____