PLACED IN SERVICE REPORT FOR SCALES

RETURN THIS FORM TO: DIVISION OF QUALITY ASSURANCE AND REGULATIONS
MAINE DEPT. OF AGRICULTURE, CONSERVATION, & FORESTRY
STATION #28, AUGUSTA, MAINE 04333 PHONE: (207) 287-3841

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 10, WEIGHTS AND MEASURES LAW,
SECTION 2653, THE FOLLOWING REPORT IS SUBMITTED:

CHECK ONE:

___________ THE EQUIPMENT LISTED BELOW HAS BEEN NEWLY INSTALLED.
___________ THE EQUIPMENT LISTED BELOW HAS BEEN REPAIRED OR ADJUSTED.

IF EQUIPMENT IS NEWLY INSTALLED:
PLEASE ATTACH A CURRENT N.T.E.P. CERTIFICATE OF CONFORMANCE.

NAME OF BUSINESS: ___________________________________________________________________________
MAILING ADDRESS: ___________________________________________________________________________
PHYSICAL ADDRESS: ___________________________________________________________________________
TOWN OR CITY: ________________________________ ZIP CODE _____________________________
DEVICE OWNER: _______________________________________________________________________________
DEVICE MANUFACTURER: _____________________ CAPACITY: ____________________________
VALUE OF “d”: ___________________ MODEL: ___________________ SERIAL NUMBER: ____________
ACCURACY CLASS: ___________________ CLC: ___________________ NMAX: _______________
STATE EXACTLY THE SERVICE PERFORMED: ______________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
COMMENTS: _________________________________________________________________________________

SECTION TEST                                 ** CERTIFIED TEST WEIGHTS
AS FOUND                  AFTER ADJUST.                  AS FOUND                  LBS. APPLIED                  LBS. INDICATED                  ERROR
1. _______ 1. _______ 1. __________ 1. __________ 1. _______
2. _______ 2. _______ 2. __________ 2. __________ 2. _______
3. _______ 3. _______ 3. __________ 3. __________ 3. _______
4. _______ 4. _______ 4. __________ 4. __________ 4. _______
5. _______ 5. _______ 5. __________ 5. __________ 5. _______

**TO COMPLY WITH STATE OF MAINE REQUIREMENTS:
CERTIFIED TEST WEIGHTS EQUAL TO OR EXCEEDING 12 ½ % OF SCALE CAPACITY MUST BE APPLIED. A SUBSTITUTION OR STRAINLOAD TEST TO 25 % OF SCALE CAPACITY MUST BE USED.

AFTER ADJUSTMENT

LBS. APPLIED                  LBS. INDICATED                  ERROR
1. __________ 1. __________ 1. _______
2. __________ 2. __________ 2. _______
3. __________ 3. __________ 3. _______
4. __________ 4. __________ 4. _______
5. __________ 5. __________ 5. _______
6. __________ 6. __________ 6. _______

REPAIRMAN OR DEALER INFORMATION:
DATE: __________ SERVICE CO. _______________ TELEPHONE NUMBER: _______________
LICENSE NUMBER: ___________________ EXPIRATION DATE: ___________________
I, __________________________, CERTIFY THAT THE ABOVE DESCRIBED DEVICE HAS BEEN PLACED INTO SERVICE AND MEETS ALL APPLICABLE STATE REQUIREMENTS. ALL REQUIRED LABELING INFORMATION HAS BEEN AFFIXED AND IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND CORRECT. SECURITY SEALS HAVE BEEN ATTACHED TO ANY ADJUSTMENT MECHANISMS AS REQUIRED.
SIGNATURE: _____________________________________________________________________________