

Nebraska Department of Agriculture  
 Food Safety and Consumer Protection  
 Weights and Measures  
 P.O. Box 94757  
 Lincoln, NE 68509  
 402-471-3422

## SCALE PLACE IN SERVICE REPORT

By Registered Service Company

|  |  |                                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
|--|--|-----------------------------------|--|------------------------------------|--|---------------------------|--|-----------------------------------|--|---------|--|---------|--|-------|--|
| NAME   |  | ADDRESS                           |  | CITY/STATE/ZIP CODE                |  | PHONE (Include Area Code) |  |                                   |  |         |  |         |  |       |  |
| CUSTOMER   |  |                                   |  | LOAD RECEIVING ELEMENT             |  |                           |  |                                   |  |         |  |         |  |       |  |
| CUSTOMER PHONE (Include Area Code)               |  | PERMIT #                          |  | Manufacturer _____                 |  | COC# _____                |  |                                   |  |         |  |         |  |       |  |
| ADDRESS (Device Location)                        |  |                                   |  | Model _____                        |  | Serial # _____            |  |                                   |  |         |  |         |  |       |  |
|  |  |                                   |  | Section or CLC Capacity _____      |  | Capacity _____            |  |                                   |  |         |  |         |  |       |  |
| CITY   |  | STATE                             |  | ZIP CODE                           |  | Number of Sections _____  |  |                                   |  |         |  |         |  |       |  |
| INDICATING ELEMENTS                              |  |                                   |  | Pit Depth _____                    |  | Pitiles _____             |  |                                   |  |         |  |         |  |       |  |
|  |  |                                   |  | Mechanical _____                   |  | Full Electronic _____     |  | Electromechanical _____           |  |         |  |         |  |       |  |
| Manufacturer _____                               |  | COC # _____                       |  | Empty S.R. _____                   |  | Full S.R. _____           |  |                                   |  |         |  |         |  |       |  |
| Model # _____                                    |  | Serial # _____                    |  | SHIFT OR CORNER TEST               |  | SECTION TEST              |  | BUILD UP AND DECREASING LOAD TEST |  |         |  |         |  |       |  |
| Digital _____                                    |  | Dial _____                        |  | 1                                  |  | L to R                    |  | R to L                            |  | Weights |  | Reading |  | Error |  |
| Printer _____                                    |  | Beam _____                        |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| T.R. _____                                       |  | Over/Under Ind. _____             |  | 2                                  |  | 1                         |  | 2                                 |  |         |  |         |  |       |  |
| Multi Unit _____                                 |  | Multi Range _____                 |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Capacity _____                                   |  | Value of Div. _____               |  | 3                                  |  | 3                         |  |                                   |  |         |  |         |  |       |  |
| Number of Div. _____                             |  | Class Marking _____               |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Sealed Yes _____ No _____                        |  | SEAL # _____                      |  | 4                                  |  | 4                         |  |                                   |  |         |  |         |  |       |  |
| Capable of Computer Interface Yes _____ No _____ |  |                                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| LOAD CELLS                                       |  |                                   |  | 4                                  |  | 5                         |  |                                   |  |         |  |         |  |       |  |
| Manufacturer _____                               |  | COC# _____                        |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Model #s _____                                   |  | Serial #s _____                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Class _____                                      |  | Type _____                        |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Capacity _____                                   |  | n max _____                       |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| Serial #s _____                                  |  |                                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
| <input type="checkbox"/> Single                  |  | <input type="checkbox"/> Multiple |  | Balance Change _____               |  |                           |  |                                   |  |         |  |         |  |       |  |
| V min _____                                      |  | Scale multiple _____              |  | Directional Error _____            |  |                           |  |                                   |  |         |  |         |  |       |  |
|  |  |                                   |  | WORK REQUIRED TO PLACE IN SERVICE: |  |                           |  |                                   |  |         |  |         |  |       |  |
|  |  |                                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |
|  |  |                                   |  |                                    |  |                           |  |                                   |  |         |  |         |  |       |  |

\_\_\_\_\_  
 Serviceman's Signature

\_\_\_\_\_  
 Registration No.

\_\_\_\_\_  
 Customer's Signature

\_\_\_\_\_  
 Date Placed in Service