

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		
EMAIL				LOAD RECEIVING ELEMENT					
CUSTOMER				Manufacturer _____		COC# _____			
CUSTOMER EMAIL				Model _____		Serial # _____			
CUSTOMER PHONE			PERMIT #	Section or CLC Capacity _____		Capacity _____			
ADDRESS (DEVICE LOCATION)				Number of Sections _____		Deck Size _____			
CITY	STATE	ZIP CODE		Pit Depth _____		Pitles _____			
INDICATING ELEMENTS				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 _____				1				
T.R. _____	Over/Under Ind. _____			2					
Multi Unit _____	Multi Range _____			2					
Capacity _____	Value of Div. _____			3					
Number of Div. _____	Class Marking _____			3					
Sealed Yes _____ No _____	SEAL # _____			4					
Capable of Computer Interface Yes _____ No _____				4					
LOAD CELLS				4					
Manufacturer _____		COC# _____		5					
Model #s _____									
Serial #s _____									
Class _____		Type _____							
Capacity _____		n max _____							
Serial #s _____									
<input type="checkbox"/> Single <input type="checkbox"/> Multiple				Balance Change _____					
				Directional Error _____					
V min _____ Scale multiple _____ :1				WORK REQUIRED TO PLACE IN SERVICE:					
Test Weights Cert. Date:									

 Serviceman's Signature

 Registration No.

 Customer's Signature

 Date Placed in Service