

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

**MASS FLOW IN SERVICE REPORT
 By Registered Service Company**

Name _____ Phone _____

Address _____ City _____ State _____

Customer		Customer Phone		
Address (Device Location)	City	State	Zip Code	

Transmitter

Serial Number _____
 Manufacturer _____
 Model _____
 Seal Number _____
 CC# _____

Proving Meter Info

Serial Number _____
 Manufacturer _____
 Model _____
 Last Cal Date _____

Sensor

Serial Number _____
 Manufacturer _____
 Model _____
 Seal Number _____
 CC# _____

Product Used

Proving Meter Reading (lb)	New Meter Reading (lb)	Meter Error (lb)	Meter Error %
Test 1 _____	_____	_____	_____
Test 2 _____	_____	_____	_____
Test 3 _____	_____	_____	_____

Repeatability Achieved

As Found Flow Cal _____ Mass Factor _____ Scale Factor _____
 As Left Flow Cal _____ Mass Factor _____ Scale Factor _____

WORK REQUIRED TO PLACE IN SERVICE:

 Date Placed in Service

 Serviceman's Signature

 Registration No.

 Customer's Signature