

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 \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Customer		Customer Email		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