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

MASS FLOW GRAVIMETRIC
PLACED 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# _____

Sensor

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

Proving Meter Info

Serial Number _____
Manufacturer _____
Model _____
Last Cal Date _____

Product Used _____

Please use page 2 to record test data

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 _____

(08/21)

Truck # ______

Scale Error

Full Wt ______ lb ______ lb
Empty Wt ______ lb ______ lb

Corrected Full Wt ______
Corrected Empty Wt ______
Total Scale Wt ______
Meter Indication ______
Meter Error lb ______
Meter Error % ______

Truck # ______

Scale Error

Full Wt ______ lb ______ lb
Empty Wt ______ lb ______ lb

Corrected Full Wt ______
Corrected Empty Wt ______
Total Scale Wt ______
Meter Indication ______
Meter Error lb ______
Meter Error % ______

Truck # ______

Scale Error

Full Wt ______ lb ______ lb
Empty Wt ______ lb ______ lb

Corrected Full Wt ______
Corrected Empty Wt ______
Total Scale Wt ______
Meter Indication ______
Meter Error lb ______
Meter Error % ______

Truck # ______

Scale Error

Full Wt ______ lb ______ lb
Empty Wt ______ lb ______ lb

Corrected Full Wt ______
Corrected Empty Wt ______
Total Scale Wt ______
Meter Indication ______
Meter Error lb ______
Meter Error % ______

Truck # ______

Scale Error

Full Wt ______ lb ______ lb
Empty Wt ______ lb ______ lb

Corrected Full Wt ______
Corrected Empty Wt ______
Total Scale Wt ______
Meter Indication ______
Meter Error lb ______
Meter Error % ______

Manufacturer: Model: Firm Name

Device Type: S/N: City:

Capacity x Division Size: Class: III ☐ IIIL ☐ State:

A. Known Test Wt	B. Material	C. Total Load (A + B)	D. Indicator Reading	E. Error Weights	F. Indicator Error Wts (D + 0.5d)	G. Corrected Indicator (F - E)	H. Error (G - C)	I. Tolerance