

Nebraska Department of Agriculture Food Safety and Consumer Protection Weights and Measures P.O. Box 94757 Lincoln, NE 68509 402-471-3422										LP GAS PLACE IN SERVICE REPORT By Registered Service Company										FIRM NUMBER							
																				TECHNICIAN PHONE					TECHNICIAN ID		
										TECHNICIAN EMAIL																	
MO.		DAY		YEAR		BUSINESS NAME					STREET ADDRESS					CITY					STATE		ZIP CODE				
DEVICE NUMBER					UNIT		DISP CODE		CALCULATIONS AND REMARKS: APPROVED () REJECTED () ACTION PENDING () CONDEMNED ()					EMAIL					PHONE								
TRUCK ()					PROVER					CERT. DATE: _____					SECURITY YES ()												
STATIONARY ()					SERIAL #:										SEAL INTACT: NO ()												
AUTOMATIC COMPENSATOR – TEST RESULTS										MANUFACTURER					SERIAL NO.					MODEL/SIZE							
TEMPERATURE AT PROVER KIND OF TEST PROVER READING (END OF RUN) PRESSURE PRESSURE CORRECTION CORRECTED AS TO PRESSURE LCST CORRECTION CORRECTED PROVER READING CORRECTION FACTOR TO 60° CORRECTED TO 60 DEGREES METER READING NET METER ERROR					_____ NORMAL () SPECIAL ()					_____ NORMAL () SPECIAL ()					_____ NORMAL () SPECIAL ()												
					TANK _____ PROVER _____					TANK _____ PROVER _____					TANK _____ PROVER _____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
UNCOMPENSATED – TEST RESULTS										OWNER NAME																	
TEMPERATURE OF LIQUID: AT METER IN PROVER (END OF RUN) TEMPERATURE DIFFERENCE × CORRECTION FACTOR = TEMPERATURE CORRECTION KIND OF TEST P. S. I. G. (END OF RUN) PROVER READING (END OF RUN) PRESSURE CORRECTION CORRECTED AS TO PRESSURE TEMPERATURE CORRECTION LCST CORRECTION CORRECTED PROVER READING METER READING NET METER ERROR					GPM () FIRST RUN () 40G _____ 75G _____ AV _____ _____ _____ _____ _____ _____ NORMAL () SPECIAL () TANK _____ PROVER _____					GPM () FIRST RUN () 40G _____ 75G _____ AV _____ _____ _____ _____ _____ _____ NORMAL () SPECIAL () TANK _____ PROVER _____					GPM () FIRST RUN () 40G _____ 75G _____ AV _____ _____ _____ _____ _____ _____ NORMAL () SPECIAL () TANK _____ PROVER _____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
					_____					_____					_____												
TECHNICIAN NAME										TECHNICIAN SIGNATURE																	