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| --- |
| Vehicle Scale Example Test Report |
| BUSINESS NAME      | BUSINESS EMAIL      | BUSINESS PHONE: (     )     -      |
| ADDRESS STREET      | CITY      | STATE   | ZIP      |
| SERVICE COMPANY NAME      | SERVICE COMPANY EMAIL      | SERVICE COMPANY PHONE: (     )     -      |
| SCALE ADDRESS STREET      | CITY      | STATE   | ZIP      |
| SCALE LICENSE#:      | SCALE LENGTH X WIDTH      X       | [ ]  LEVER | [ ]  FULLY ELECTRONIC |
| WEIGHING ELEMENT MAKE:      | MODEL:      | SERIAL:      | NTEP CC#:      |
| INDICATOR MAKE:      | MODEL:      | SERIAL:      | NTEP CC#:      |
| Indicator Marked Capacity X Division Size:       | Was the Meter Rejected by a Regulator? [ ]  Yes [ ]  No |
| Scale CLC:       | \*Date Rejected (MM/DD/YYYY):       |

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| --- |
| Test Load Description |
| LOAD | AS FOUND | MINIMUM |
| Increasing Load (12.5% Minimum) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Decreasing Load |
|       |       |       |
|       |       |       |
|       |       |       |

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| Section Test |
| HEAVY END | AS FOUND | LEFT |
| Section 1 |       |       |
| Mid |       |       |
| Section 2 |       |       |
| Mid |       |       |
| Section 3 |       |       |
| Mid |       |       |
| Section 4 |       |       |
| Mid |       |       |
| Section 5 |       |       |
| Mid |       |       |
| Section 7 |       |       |
| Mid |       |       |
| Section 1 |       |       |
| Mid |       |       |
| Section 8 |       |       |

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| Off Center Shift (12.5% Minimum) |
| LC #1 | LC #2 | LC | LC | LC | LC | LC |
|       |       |       |       |       |       |       |
| LC | LC | LC | LC | LC | LC | LC |
|       |       |       |       |       |       |       |
|  | Indicator |  |
| Strain load test |
| Unknown Load |       |       |       |
| Test Weight Load |       |       |       |
| Total Load |       |       |       |
| Indicated Load |       |       |       |
|  |
| Portable: [ ]  Yes [ ]  No | Clearances [ ]  Yes [ ]  No | Approaches [ ]  Yes [ ]  No | Sealed [ ]  Yes [ ]  No |
| **Device is Correct**? [ ]  Yes [ ]  No |
| Comments: |
|       |
|        |       |    /    /      |
| TECHNICIAN NAME | TECHNICIAN SIGNATURE | DATE (MM/DD/YYYY) |
|        |    /    /      |
| OWNER SIGNATURE | DATE (MM/DD/YYYY) |