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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): | | | | | |

|  |  |  |
| --- | --- | --- |
| Test Load Description | | |
| LOAD | AS FOUND | MINIMUM |
| Increasing Load (12.5% Minimum) | | |
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| 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: | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | | | | | | | | | /    / | | |
| TECHNICIAN NAME | | | | | | TECHNICIAN SIGNATURE | | | | | | | | | DATE (MM/DD/YYYY) | | |
|  | | | | | | | | | | | | | | | /    / | | |
| OWNER SIGNATURE | | | | | | | | | | | | | | | DATE (MM/DD/YYYY) | | |