IDAHO STATE DEPARTMENT OF AGRICULTURE
BUREAU OF WEIGHTS AND MEASURES
PO BOX 790
BOISE, ID 83701

PLACED IN SERVICE REPORT **Date_____**

DEVICE INSTALLED OR REPAIRED

Meter_____Scale__ _____ _____ _____
Circle one **Make** **Serial Number** **Capacity**

is ready for test at _____
Business Name

_____ _____
Street Adress City State Zip

Work performed and test results_____

_____ _____ _____
Serviceman Signature Company Name Address

NOTE

Whenever new or reconditioned devices are installed or any adjustment is made, servicemen are reminded that all "adjustments will be so as to bring performance errors as close as practicable to zero value" NIST Handbook 44, B-UR.4.3.
Service company identifying seal must be affixed to device.