

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY OFFICE OF WEIGHTS AND MEASURES

LARGE CAPACITY SCALE PLACED IN SERVICE REPORT

South Dakota Office of Weights & Measures
118 W. Capitol
Pierre, SD 57501
Telephone (605)773-3697
<http://www.state.sd.us/dps/wm>

Date in Service _____

Scale Number _____

Firm Name:	New Installation	<input type="radio"/> YES	<input type="radio"/> NO
Address:	New Equipment	<input type="radio"/> YES	<input type="radio"/> NO
City/State/County/Zip:	Routine Test	<input type="radio"/> YES	<input type="radio"/> NO
Telephone:	Equipment Repaired	<input type="radio"/> YES	<input type="radio"/> NO
	Rejected/Condemned	<input type="radio"/> YES	<input type="radio"/> NO

Type Scale (be specific):

Scale Location:

INDICATOR DATA	PRIMARY INDICATOR	OTHER INDICATOR(S)
Manufacturer:		
Model Number:		
Serial Number:		
Capacity/Division:		Metrology
*Concentrated Load Capacity:		

** (all of the above markings MUST APPEAR on the indicator and be of a PERMANENT design)

*NTEP CC NUMBER:

Weighbridge DATA

LOAD CELL DATA

Manufacturer	Manufacturer
*Model Number	*Model Number
*Serial Number	*Serial Number (all cells)
*Weighbridge Capacity	*LC Data Sheet? <input type="radio"/> YES <input type="radio"/> NO
*Scale Multiple (mech)	*Load Cell Vmin
*NTEP CC Number	*NTEP CC Number

(* indicates that information is needed only for newly installed equipment not for repairs to existing equipment

SR AT ZERO LOAD (lbs) _____
AZSM range (div) _____

SR AT FULL LOAD (lbs) _____
MOTION DETECT (div) _____

Load Position	Test Equipment Used	As Found	As Left	Load Position	Test Equipment Used	As Found	As Left

STRAIN LOAD TEST:

Brief Statement of repairs/comments:

Empty truck weight	
Test Weights added	
Total truck weight	
Error (on test weights)	
Was Scale Sealed?	<input type="radio"/> YES <input type="radio"/> NO

Service Agency: _____
Please mail one copy to SD W&M and leave one copy with the establishment. I hereby declare the statements made here are true and accurate.

Print Name: _____ Phone _____

Tech Signature: _____ Permit #: _____ Firm Rep Signature: _____