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	YES	NO
Address:	New Equipment	YES	NO
City/State/County/Zip:	Routine Test	YES	NO
Telephone:	Equipment Repaired	YES	NO
	Rejected/Condemned	YES	NO

Type Scale (be specific): Scale Location:

INDICATOR DATA	**PRIMARY INDICATOR**	**OTHER INDICATOR(S)**	
Manufacturer:			
Model Number:			
Serial Number:			
Capacity/Division:			
*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?	YES 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) _____ SR AT FULL LOAD (lbs) _____

AZSM range (div) _____ MOTION DETECT (div) _____

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

STRAIN LOAD TEST:

Empty truck weight	
Test Weights added	
Total truck weight	
Error (on test weights)	
Was Scale Sealed?	YES 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 _____

Brief Statement of repairs/comments:

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