Kentucky Department of Agriculture – Office of Consumer & Public Service
Division of Regulation & Inspection, 111 Corporate Drive, Frankfort, KY 40601
Phone: (502) 573-0282 Fax: (502) 573-0303

Placed In Service Report – WEIGHING Devices

This report is issued in accordance with KRS – 363 of the Commonwealth of Kentucky. Test was conducted in accordance with Standard EPO procedures outlined in National Institute of Standards and Technology Handbook 44 of scale codes.

Name of Business _____ Name of Scale _____

Address _____ Serial Number _____

City, State, Zip Code _____ **Name of Regulation & Inspection Inspector** _____

COUNTY _____ Date Rejected or Condemned _____

Service Technician _____ Tag Number _____ Date Serviced _____

Company Represented _____

Address, City, State, Zip Code _____

Type of Service Rendered: Adjustment ____ Repair ____ New Installation _____ Other:_____

Capacity of the Scale _____ SR of the Scale _____

Lbs. of Test Wts.	Indication	Error	Lbs. of Test Wts.	Indication	Error

Service Oath: I hereby certify that I am registered in the Commonwealth of Kentucky to provide service to measuring devices in accordance with KRS-363 and hold REGISTRATION NUMBER _____.

I have rendered service on the device(s) listed above and said device(s) has/have been adjusted to deliver within NIST Handbook 44 acceptance tolerance and as close to zero error as possible.

Note: This report should be filled out its ENTIRETY and in triplicate. The original should be sent to the Kentucky Department of Agriculture, Division of Regulation & Inspection, 107 Corporate Drive, Frankfort, KY 40601, IMMEDIATELY after the work has been completed. Leave one copy with the owner of the device and retain one copy for your files. **Additional copies may be obtained on-line at www.kyagr.com.**

Service Person's Signature _____ **Date** _____