PLACED IN SERVICE REPORT

ISDA Weights & Measures
agri.idaho.gov
PO Box 7249 • Boise, Idaho 83707
208.332.8690 - weights@isda.idaho.gov

Service Co _____
Address _____
City/St/Zip _____
Email _____
Phone _____
Contact Person _____

Service Date _____
Submit form within 24 hours *(IDAPA 02.02.14, 450.06)*
Device Owner _____
Device Address _____
Contact Name _____
Phone _____
Email _____
Latitude _____ Longitude _____
(Lat/Long for devices with no street address/difficult to locate)

Reason(s) for Service
☐ New Install ☐ Repaired ☐ Rejection Cleared ☐ Relocated
(PISR required for commercial devices after installing new/used, restoring out-of-service/rejected, or performing major repairs.)

Device Information (All commercial devices must be NTEP certified.)

Type (scale/meter)	Location (register#/pump#)	Make	Model	Serial #	Capacity/ Flow Rate	NTEP #

A copy of a test report must be submitted to Weights & Measures for livestock, vehicle, & monorail scales (IDAPA 02.02.14,450.06).

Work Performed/Comments (may list additional devices here)

Additional Required Information (complete based on device type serviced)

Scales
☐ Data Plate Affixed

Fuel Meter
Size of Prover _____

Vehicle Meters
☐ Truck ☐ Trailer
License Plate #
_____

LPG Meter
(*Calibration with Master Meter not acceptable*)
☐ Temp Compensated
Prover Size _____
Prover Last Calibration Date _____

Large Cap Scales
(*Calibration to NIST HB44 2.20 Scales Table 4.*)
Division size _____
Capacity _____
If not tested to 12.5% of capacity, explain
_____
(ex. deck condition)
☐ Portable Scale

Mass Flow Meters
Calibration Method:
☐ Volume
☐ Mass
Product type _____

Serviceperson Oath: This is to certify that on completion of the service, the device(s) was tested in accordance with procedures outlined in the current edition of National Institute of Standards & Technology Handbook 44. The device(s) was adjusted as close to zero as possible and the maximum indicated error does not exceed tolerances mandated in HB44.

Registered Serviceperson Signature_____

Phone & Email _____