

**Placed In Service Procedures**  
Consumer Equitability Division



To all registered service agents / agencies:

Nevada Administrative Code 581 specifically requires that any repair, adjustment or installation of a device must be reported to the Bureau of Weights and Measures within a certain time frame. This enables us to effectively schedule tests and inspections of new or repaired equipment in a timely and efficient manner

Please follow these requirements. Excerpted from NAC 581:

**NAC 581.370 Duties of repairman.** (NRS 581.050, 581.067) A person who installs or make a repair or adjustment to a weighing or measuring device shall:

1. **Within 24 hours after installing the device or making repair or adjustment to the device, notify the State Sealer of Weights and Measures by oral communication** that the device has been installed or that the repair or adjustment has been made; and
2. **Within 5 days after installing the device or making the repair of adjustment to the device, submit to the State Sealer of Weights and Measures a written notification of the installation, repair or adjustment on a form prescribed by the State Sealer of Weights and Measures.**

Important: The required ITEMS above can BOTH be satisfied by simply snapping a picture of scanning copies of the Placed in Service Report and Colored Tags to: [RSA@agri.nv.gov](mailto:RSA@agri.nv.gov)

Beginning 1 January 2010, for failure to inform Consumer Equitability in any of the above circumstances, a fine of \$25.00 for each device will be imposed upon the RSA.

- Example: If the RSA adjusts 10 devices and does not send in a “Placed in Service” report within the guidelines above and this is discovered by CE inspectors, the RSA may be fined \$250.00.
- A subsequent or second violation will be raised to \$50.00 per device, then \$100.00 per device. After the third violation, the RSA may face an administrative hearing that could result in removal from the RSA program.

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**Printed name of applicant**

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**Signature of applicant**

\_\_\_\_\_  
**Company name**

\_\_\_\_\_  
**Date**