

Placed in Service Report

Division of Measurement Standards



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|---|---|
| rsa@agri.nv.gov | |
| Northern Office 405 S. 21st Street Sparks, NV 89431 Phone: (775) 353-3782 Fax: (775) 353-3798 | Southern Office 2300 East St. Louis Avenue Las Vegas, NV 89104 Phone: (775) 353-3782 Fax: (702) 668-4567 |

All newly installed or repaired commercial devices must be NTEP approved (NAC581.230).

Business name: _____ **Store#:** _____

Contact Person: _____ **Email:** _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

Scales: _____ Fuel Meters: _____ Other: _____

| Device ID & Location | Manufacturer of Device | Model | Capacity / Flow rate | Serial Number | NTEP Certificate of Conformance # (CC) | Security Sealed # | New, Recalibrated, or Repaired | Repair/ Out of Order tag# |
|----------------------|------------------------|-------|----------------------|---------------|--|-------------------|--------------------------------|---------------------------|
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Were Out of Order Tags or Repair Notices removed? Yes: _____ No: _____

Notice to Registered Service Agency: When possible **include work order and tags with this report**. Required to submit this form to the Division of Measurement Standards within 5 days after installing, making repairs, or adjustment to weighing or measuring devices in the State of Nevada per NAC 581.370 (2).

Registered Service Agency: _____ **NV RSA#:** _____

Registered Service Person: _____

Comments: _____

By signing below, I certify that the above described device(s) has been placed into service and meet all applicable requirements. All required labeling information has been affixed and is accurate and correct according to NIST Handbook 44. I further certify the standards used in testing and calibrations have a valid certification traceable to NIST standards, and that I have attached security seals to all adjustment mechanisms as required. I understand that I must fax, mail, or email this form to Division of Measurement Standards within 5 days after installing, making repairs, or adjustment to weighing or measuring devices.

Signature: _____ **Date:** _____