



ARKANSAS  
BUREAU OF  
STANDARDS

# PLACED IN SERVICE REPORT

## SCALES

4608 West 61<sup>st</sup> Street  
Little Rock, AR 72209  
bureau@aspb.ar.gov  
Phone (501) 570-1159

Newly Installed Device  Officially Rejected Device

Location Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip

Location Address: \_\_\_\_\_

Street City State Zip

### **Class III Scales**

Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Capacity: _____	Conformance Number: _____	
<i>Serial numbers of the same Make and Model may be recorded on the reverse side.</i>		

### **Class III/III L Scales**

<u>Indicating Element</u>		
Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Marked Capacity: _____	Conformance Number: _____	
<u>Load-Receiving Element</u>		
Make: _____	Model: _____	Serial Number: _____
National Type Evaluation Program (NTEP) Certificate of		
Marked Capacity: _____	Conformance Number: _____	

**This Placed in Service Report, and if appropriate, the Scale Test Report must be mailed within 24 hours from the date of service, to the Arkansas Bureau of Standards by a representative of a Registered Service Agency for each device restored to service and for each newly installed device placed in service. If applicable, the rejection tag must accompany this report. This is to certify that I have repaired and/or installed, and left as correct in accordance with the current version of the National Institute of Standards and Technology (NIST) Handbook 44, the device described above.**

Service Agency: \_\_\_\_\_ Reg No: \_\_\_\_\_

Service Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Device Owner/Operator: \_\_\_\_\_

**A copy of this Report MUST be maintained at the device location.**

Remarks: \_\_\_\_\_