

Mail to: Illinois Department of Agriculture Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Springfield, IL 62794-9281 Or email to AGR.WM.PIS@illinois.gov	ILLINOIS DEPARTMENT OF AGRICULTURE BUREAU OF WEIGHTS AND MEASURES MOISTURE METER AND GRAM SCALE PLACED IN SERVICE REPORT	DISTRIB: W & M Office W & M Inspector Device Owner(s) Service Person/Company
Bus. Number (If known) _____ Bus. Name _____ Address _____ City _____ County _____ Phone Number _____	<u>Reason For Placed in Service Report</u> <u>Moisture Meter:</u> <u>Gram Scale</u> Rejected _____ New at Location _____ Overhaul _____ Loaner _____ <div style="text-align: center; color: red; font-weight: bold;"> ATTACH REJECTED TAG TO THIS REPORT </div>	<u>Moisture Meter:</u> NTEP Approved: Yes _____ No _____ C.O.C. Number _____ <u>SERVICE PERSON DECAL NO.</u> _____ <u>Gram Scale:</u> NTEP Approved: Yes _____ No _____ C.O.C. Number _____ <u>SERVICE PERSON DECAL NO.</u> _____

Moisture Meter Mfr. _____ **Model No.** _____ **Serial No.** _____

➤ **SEALED BY:** WIRE and LEAD _____ **AUDIT TRAIL** _____ **WIRE, LEAD and AUDIT TRAIL.** _____ **CONNECTED TO PRINTER -** _____ YES _____ NO

➤ **STANDARD USED:** Air Oven Grain Samples _____ **Meter to Meter** _____ **Other (specify)** _____

APPROVED FOR TEST WEIGHT? YES _____ **NO** _____ (GAC 2100B, GAC 2500, SL95 with funnel sensor, PERTEN AM5100 Only units with UI software version 28 Sep09 v. 3.12T or higher are approved for test weight per bushel determinations)

➤ **TEST WEIGHT STATEMENT:** THE WORD "APPROXIMATE" IS PRESENT _____ REMOVED _____ **RECORDING OFFICIAL TEST WEIGHT:** Yes _____ No _____

➤ **IS MOISTURE METER PROGRAMMED WITH CURRENT CALIBRATIONS? YES** _____ **NO** _____

➤ **GRAIN CALIBRATION CONSTANTS - CORN** _____ **BEANS** _____ **SRWW** _____ **OTHER** _____

SOYBEANS	WHEAT	CORN	OTHER	TEST WT.	ID
<u>Standard</u>	<u>Standard</u>	<u>Standard</u>	<u>Standard</u>	<u>Standard</u>	
% Moisture	% Moisture	% Moisture	% Moisture	Test Weight	
Test Weight	Test Weight	Test Weight	Test Weight		
Run 1.	Run 1.	Run 1.	Run 1.	Run 1.	
Run 2.	Run 2.	Run 2.	Run 2.	Run 2.	
Run 3.	Run 3.	Run 3.	Run 3.	Run 3.	
Average	Average	Average	Average	Average	
Test Weight Correction	Test Weight Correction	Test Weight Correction	Test Weight Correction		
Temperature Correction	Temperature Correction	Temperature Correction	Temperature Correction		
Corrected Moisture	Corrected Moisture	Corrected Moisture	Corrected Moisture		
Diff. +/-	Diff. +/-	Diff. +/-	Diff. +/-	Diff. +/-	

Gram Scale Mfr. _____ **Model No.** _____ **Serial No.** _____

Type of Indicator: _____ Mechanical _____ Electronic - **Scale Capacity** _____ **Minimum Grad.** _____ **Balanced On Zero** Yes _____ No _____

➤ **SEALED BY:** WIRE and LEAD _____ **AUDIT TRAIL** _____ **WIRE, LEAD and AUDIT TRAIL.** _____ **CONNECTED TO PRINTER -** _____ YES _____ NO

1. AUDIT TRAIL - NUMBERS FROM EVENT LOGGER: CONFIGURATION _____ CALIBRATION _____

Wt. Applied _____ Error _____	Wt. Applied _____ Error _____	<u>SHIFT TEST</u> Wt. Applied _____	
Wt. Applied _____ Error _____	Wt. Applied _____ Error _____	Shift 1 _____ Error _____	Shift 2 _____ Error _____
Wt. Applied _____ Error _____	Wt. Applied _____ Error _____	Shift 3 _____ Error _____	Shift 4 _____ Error _____

This form will allow the temporary use of the device described herein, pending its official inspection, when countersigned by the owner or user of the device.

SIGNED: ✓ _____
OWNER or USER

Remarks _____

This is to certify that I have repaired and/or installed the device herein described. The device and installation meet all requirements of the Illinois Weights and Measures Act.

SERVICE PERSON NAME _____ REGISTRATION NUMBER _____ DATE _____

SERVICE COMPANY _____ REGISTRATION NUMBER _____ DATE _____

Service Company Phone Number _____

Any missing information will result in this form being returned.

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 815ILCS 370/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. (IL406-1441) (Rev. 04-10)