METTLER TOLEDO

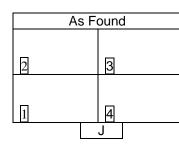
## **COMPREHENSIVE TEST REPORT**

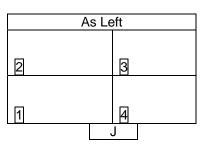
| Customer Name |       | SER'                | SERVICE TICKET/ WORK ORDER # |               |  |
|---------------|-------|---------------------|------------------------------|---------------|--|
| Unit location |       |                     | omer ID#                     |               |  |
| Mfg/Model #   |       |                     | al #                         |               |  |
| Capacity      | kg Ib | Number of divisions |                              | Division Size |  |

The weighing equipment noted on this report has been tested and/or calibrated in compliance with Mettler Toledo procedure VP0023IR, and NIST Handbook 44 and/or Canada Standard where applicable.

SHIFT TEST

Weights applied: Max. Permissible Error:





| In tolerance | without |
|--------------|---------|
| adjustment   |         |

In tolerance after adjustment

Out of tolerance

|                             |                 | As found | Error: plus or | Allowable |                 |                      |
|-----------------------------|-----------------|----------|----------------|-----------|-----------------|----------------------|
| Test Load                   | Weights applied | reading  | minus (d)      | error (d) | As left reading | Within Tolerance Y/N |
| Zero                        |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
| Max Load*                   |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
|                             |                 |          |                |           |                 | Y N N                |
| Zero                        |                 |          |                |           |                 | Y N N                |
| * Maximum load used in test |                 |          |                |           |                 |                      |

In tolerance without adjustment

| REMARKS:                           |                 |                            |                           |  |
|------------------------------------|-----------------|----------------------------|---------------------------|--|
| WEIGHT IDENTIFICATION NUM          | BERS:           |                            |                           |  |
| Weight Traceability Certificate #: |                 | CUSTOMER CALIBRATION DATE: | CUSTOMER CALIBRATION DUE: |  |
| PERFORMED BY:                      |                 |                            |                           |  |
|                                    | Technician Name | e (Please Print)           | Technician Signature      |  |
| Where Applicable:                  | Customer Name   | e (Please Print)           | Customer Signature        |  |