

## COMPREHENSIVE TEST REPORT

Customer Name		SERVICE TICKET/ WORK ORDER #	
Unit location		Customer ID#	
Mfg/Model #		Serial #	
Capacity	kg <input type="checkbox"/> lb <input type="checkbox"/>	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: \_\_\_\_\_

As Found	
2	3
1	4
J	

As Left	
2	3
1	4
J	

In tolerance without adjustment ☐

In tolerance after adjustment ☐

Out of tolerance ☐

Test Load	Weights applied	As found reading	Error: plus or minus (d)	Allowable error (d)	As left reading	Within Tolerance Y/N
Zero						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Max Load*						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Zero						Y <input type="checkbox"/> N <input type="checkbox"/>

\* Maximum load used in test

In tolerance without adjustment ☐

REMARKS:			
WEIGHT IDENTIFICATION NUMBERS: _____			
Weight Traceability Certificate #:		CUSTOMER CALIBRATION DATE:	CUSTOMER CALIBRATION DUE:
PERFORMED BY:			
	Technician Name (Please Print)	Technician Signature	
Where Applicable:	Customer Name (Please Print)	Customer Signature	