



County of Erie

BUREAU OF WEIGHTS AND MEASURES

2380 CLINTON STREET, BUFFALO, NY 14227

Phone: (716) 825-1310

Fax: (716) 823-7686

Inspection Fee Number

G 64451

Name & Address

FIRM ABC Company

ADDRESS 1234 Main Street

TOWN Anytown, NY 12345

TYPE Deli

DATE 5/11/00

STATUS OF INSPECTIONS (FEE)

A Initial (Charge)

C Required Inspection (No Charge)

B Retest (Charge)

D Non-required Insp. (No Charge)

DEVICE TYPE	Total No.	Incorrect Visual Inspection	TEST RESULTS				ACTION TAKEN		FEE	
			Correct	Plus	Minus	Other	Ordered Repaired	Condemn	AMT. PER	TOTAL
Computing Scale	2		2					20	40 00	
Pre-Pack Scale										
Customer Scale										
Vehicle Scale										
Monorail Scale										
Prescription Scale										
Hopper/Batch/Tank Scale										
Platform Scale										
Livestock Scale										
Miscellaneous Scale										
Petroleum Pump										
Petroleum Meter VTM										
Other Meter										
Rack Meter										
Liquid Measure										
Volumetric Measure										
Weights Pharmacy										
Weights Other										
Linear Measure										
Linear Measuring Device										
Timing Device										
Taximeter										
Miscellaneous Device										
LPG Meters										
Non-commercial Devices										

Device listed below require repair or adjustment

LOCATION	MANUF.	MODEL NO.	SERIAL NO.

Yes No

Customer Scale is within 30 ft. of retail prepacked display, with sign posted.

Price signs, posted on every pump or dispenser.

Security seals on all approved meters.

Product used for testing as shown on this form was returned to proper storage tank, as instructed by operator.

Notify the Director of Weights and Measures when ready for retesting - 825-1310.

GALLONS/LITERS PUMPED

NO LEAD	NL-Econ	NL Plus
Regular	Diesel	Fuel Oil
NL-Pr.	Kero	

PACKAGE CHECK	C O D E S I/O	# PKGS In LOT	# PKGS ✓	# PKGS			L A B E L S	# OF LOTS	
				-	C	+		P	F
AUDIT WM - 57	I O								
OFFICIAL TEST WM - 58	I I O O								

Make Check Payable To: **ERIE COUNTY COMPTROLLER**

40 00

FORMS

Mail To: Erie County Weights & Measurers
PO Box 32518
Hartford, CT 06150-2518

Amount Due

TIME IN:

TIME OUT:

Payment due within 30 days from date of report.

All Commodities Weighed on _____ Model _____
Serial No. _____ Certified as Correct on this date.

REMARKS:

Acknowledged By: XXX

Inspector: XXX