

Mail to: Illinois Department of Agriculture  
Bureau of Weights and Measures  
State Fairgrounds, P.O. Box 19281  
Springfield, IL 62794-9281

Email to: [AGR.WM.PIS@Illinois.gov](mailto:AGR.WM.PIS@Illinois.gov)



DISTRIBUTION: W & M Office  
W & M Inspector  
Device Owner(s)  
Service Person/Company

# Bureau of Weights and Measures MOISTURE METER AND GRAM SCALE PLACED IN SERVICE REPORT

BUS. NUMBER: \_\_\_\_\_  
(IF KNOWN)  
BUS. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**REASON FOR PLACED-IN-SERVICE REPORT?**

**MOISTURE METER: GRAM SCALE**  
CALIBRATION  
REJECTED  
NEW AT LOCATION  
OVERHAUL  
LOANER

**MOISTURE METER:**

NTEP Approved: Yes No

\_\_\_\_\_  
C.O.C. NUMBER

SERVICE PERSON DECAL NO. \_\_\_\_\_

**GRAM SCALE:**

NTEP Approved: Yes No

\_\_\_\_\_  
C.O.C. NUMBER

SERVICE PERSON DECAL NO. \_\_\_\_\_

**Moisture Meter Mfgr** \_\_\_\_\_ **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
Standard % Moisture	Standard % Moisture	Standard % Moisture	Standard % Moisture	Standard 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 Mfgr** \_\_\_\_\_ **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	SHIFT TEST			
_____	_____	_____	_____	_____			
_____	_____	_____	_____	Shift 1	Error	Shift 2	Error
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	Shift 3	Error	Shift 4	Error
_____	_____	_____	_____	_____	_____	_____	_____

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.

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

SIGNED: \_\_\_\_\_  
OWNER OR USER

REMARKS: \_\_\_\_\_

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)