

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES

P.O. BOX 19282

TOPEKA, KS 66619-0282

Report Number _____

Service Company _____ Date _____

Mailing Address _____ Zip Code _____

Placed in Service At _____

Address _____ Zip Code _____

Physical Location of Device(s) in facility (Lanes or register or location in facility)

DEVICE INFORMATION

SCALE - Make _____ Model _____ S/N _____ NTEP CC _____

Accuracy Class _____ Nominal Capacity _____ Scale Division _____ Value of e _____

INDICATING ELEMENT - Make _____ Model _____ S/N _____ NTEP CC _____

Accuracy Class _____ Nominal Capacity _____ Scale Division _____ Value of e _____ CLC _____

n max _____

WEIGHING ELEMENT - Make _____ Model _____ S/N _____ NTEP CC _____

Accuracy Class _____ Nominal Capacity _____ CLC _____ n max _____ e min _____ Deck size _____

LOAD CELL - Make _____ Model _____ S/N _____ NTEP CC _____

If relocation, name and address where device(s) removed from: Facility name and address:

Replacing an old device _____ Serial Number of old device(s) _____

REMARKS: _____

Service Company _____ ID# _____ Technician _____ ID# _____

Owner/User _____ Date _____

KDA requires that a test report be submitted with this installation report no later than 10 days after the service has occurred. If multiple devices are being installed at the same facility that are covered by the same Certificate of Conformance the serial numbers of the new devices and the devices being replaced may be listed on the back of this DI-701 form.

Original to Weights and Measures - Copy to be retained by facility - Copy to be retained by service company