

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES
1320 Research Park Dr.
Manhattan, KS 66502

Report Number: _____
Date: _____

Service Company: _____ License#: _____
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 (d): _____ Value of e: _____

INDICATION ELEMENT: Make: _____ Model: _____ S/N: _____

Accuracy Class: _____ Nominal Capacity: _____ Scale Division (d): _____ Value of e: _____

CLC: _____ n max: _____ NTEP CC: _____

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: Y / N Serial Number of old device(s): _____

REMARKS: _____

Technician Name: _____ Technician Lic#: _____

Owner/User Signature: _____ 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 installed at the same facility are covered by the same Certificate of Conformance, the serial numbers of the new devices and the serial numbers of the replaced devices 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