

### COMPREHENSIVE TEST REPORT

Customer Name	G&R COLD FORGING		SERVICE TICKET/ WORK ORDER #	SV1107250479			
Unit Location	PLANT 4		Customer #	N/A			
Mfg/Model #	MT CB60L		Serial #	16490786KE			
Capacity	100	Unit of Measure	lb	Number of Divisions	10000	Division Size	0.01 lb

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VPO023IR, and NIST Handbook 44 and/or Canada Standard where applicable.

**SHIFT TEST**

Weights Applied: 50 lb  
 Max. Permissible Error: ±3(d)

Position	As Found	As Left
1	50.00	50.00
2	50.00	50.00
3	50.00	50.00
4	50.00	50.00

<input checked="" type="checkbox"/>	In tolerance without adjustment
<input type="checkbox"/>	In tolerance after adjustment
<input type="checkbox"/>	Out of tolerance
<input type="checkbox"/>	Shift test not applicable

Test Load	Weights Applied	As Found	Error: Plus or Minus (d)	Allowable Error (d)	As Left	Within Tolerance? Y/N
Zero	0 lb	0.00	0	0	0.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 lb	10.00	0	± 1	10.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	20 lb	20.00	0	± 2	20.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 lb	50.00	0	± 3	50.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	100 lb	100.00	0	± 4	100.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 lb	50.00	0	± 3	50.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	20 lb	20.00	0	± 2	20.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 lb	10.00	0	± 1	10.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 lb	0.00	0	± 1	0.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

\* Maximum load used in test  
 No decreasing load applicable

REMARKS: INDICATOR HDL. IND 445-RD SER.# 2791511

WEIGHT IDENTIFICATION NUMBERS: W11 W14 Lit # 87914

Weight Traceability Certificate #: 1359368 1340257 CUSTOMER CALIBRATION DATE: JUL 29 2011 CUSTOMER CALIBRATION DUE: 07/29/2012

PERFORMED BY: JARL MIKES  
 Technician Name (Please print) Technician Signature

Where Applicable: Customer Signature

### COMPREHENSIVE TEST REPORT

Customer Name	G&R Cold Forensic			SERVICE TICKET/ WORK ORDER #	SV 1107250479		
Unit Location	PLANT # 4			Customer #	N/A		
Mfg/Model #	MT 2156			Serial #	5951816-5RV		
Capacity	5000	Unit of Measure	16	Number of Divisions	5000	Division Size	16

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VPO0231R, and NIST Handbook 44 and/or Canada Standard where applicable.

**SHIFT TEST**

Position	As Found	As Left
1	500	500
2	500	500
3	500	500
4	500	500

Weights Applied: 500 16  
 Max. Permissible Error: ± 2(d)

<input checked="" type="checkbox"/>	In tolerance without adjustment
<input type="checkbox"/>	In tolerance after adjustment
<input type="checkbox"/>	Out of tolerance
<input type="checkbox"/>	Shift test not applicable

Test Load	Weights Applied	As Found	Error: Plus or Minus (d)	Allowable Error (d)	As Left	Within Tolerance? Y/N
Zero	0 16	0	0	0	0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	100 16	100	0	± 1	100	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	250 16	250	0	± 1	250	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	400 16	400	0	± 2	400	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	500 16	500	0	± 3	500	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	400 16	400	0	± 2	400	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	250 16	250	0	± 1	250	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	100 16	100	0	± 1	100	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 16	0	0	± 1	0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

- \* Maximum load used in test
- No decreasing load applicable

REMARKS:			
INDICATOR HDL # IND 445.RD SER. # 2791511			
WEIGHT IDENTIFICATION NUMBERS:		W11 - W30	
Weight Traceability Certificate #:	1359368	CUSTOMER CALIBRATION DATE:	JUL 29, 2011
		CUSTOMER CALIBRATION DUE:	MAR 29, 2012
PERFORMED BY:	KARL MIKES		<i>[Signature]</i>
	Technician Name (Please print)		Technician Signature
Where Applicable:	Customer Name (Please print)		Customer Signature