

COMPREHENSIVE TEST REPORT

Customer Name	G & R Cold Forensic		SERVICE TICKET/ WORK ORDER #	SV 1207130379			
Unit Location	Q.C. LAB G3		Customer #	N/A			
Mfg/Model #	MT PB 1501 S		Serial #	1128033891			
Capacity	1500	Unit of Measure	g	Number of Divisions	15000	Division Size	0.1g

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

Position	As Found	As Left
1	500.2	500.0
2	500.2	500.0
3	500.2	500.0
4	500.2	500.0

Weights Applied: 500g

Max. Permissible Error: ± 2(d)


<input 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 g	0.0	0	0	0.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 g	50.0	0	± 1	50.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	500 g	500.2	+ 2	± 2	500.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	1000 g	1000.5	+ 5	± 3	1000.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	1500 g	1500.9	+ 9	± 4	1500.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	1000 g	1000.5	+ 5	± 3	1000.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	500 g	500.2	+ 2	± 2	500.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 g	50.0	0	± 1	50.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 g	0.0	0	± 1	0.0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

* Maximum load used in test

No decreasing load applicable

REMARKS:

WEIGHT IDENTIFICATION NUMBERS:	KIT # 42672		
Weight Traceability Certificate #:	1359628	CUSTOMER CALIBRATION DATE:	SEP. 6 2012
		CUSTOMER CALIBRATION DUE:	MAR / 2013
PERFORMED BY:	KARL MIKES		
	Technician Name (Please print)		Technician Signature
Where Applicable:	Customer Name (Please print)		Customer Signature

COMPREHENSIVE TEST REPORT

Customer Name	GEROLD FORGING		SERVICE TICKET/ WORK ORDER #	SV1207130379			
Unit Location	SHIPPING G3		Customer #	N/A			
Mfg/Model #	MT RBA 442		Serial #	2870613-7LH			
Capacity	70	Unit of Measure	16	Number of Divisions	14000	Division Size	0.005 16

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

Position	As Found	As Left
1	29.995	30.000
2	29.995	30.000
3	29.995	30.000
4	29.995	30.000

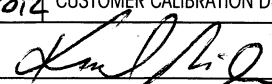
Weights Applied: 30 16
 Max. Permissible Error: ±4(d)

<input checked="" type="checkbox"/>	In tolerance with out 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	0.000	0	0	0.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.000	0	± 2	10.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	30 16	29.995	-1	± 4	30.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	49.990	-2	± 6	50.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	70 16	69.985	-3	± 8	70.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	49.990	-2	± 6	50.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	30 16	29.995	-1	± 4	30.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.000	0	± 2	10.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 16	0.000	0	± 1	0.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

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

REMARKS:

WEIGHT IDENTIFICATION NUMBERS:	W12, KIT # P7914		
Weight Traceability Certificate #:	1359699 1359858	CUSTOMER CALIBRATION DATE:	SEP. 6, 2012
		CUSTOMER CALIBRATION DUE:	MAR/2013
PERFORMED BY:	KARL MIKES		
	Technician Name (Please print)		Technician Signature
Where Applicable:	Customer Name (Please print)		Customer Signature

COMPREHENSIVE TEST REPORT

Customer Name	C & R Cold Forging			SERVICE TICKET/ WORK ORDER #	SV1207130379		
Unit Location	SHIPPING C3			Customer #	N/A		
Mfg/Model #	MT 2256			Serial #	1148075-1AJ		
Capacity	5000	Unit of Measure	lb	Number of Divisions	5000	Division Size	1 lb

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 lb
 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 lb	0	0	0	0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
	500 lb	500	0	± 1	500	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Max. Load*	1000 lb	1000	0	± 2	1000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
	500 lb	500	0	± 1	500	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Zero	0 lb	0	0	± 1	0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

* Maximum load used in test
 No decreasing load applicable

REMARKS:		
WEIGHT IDENTIFICATION NUMBERS:	W11-W30	
Weight Traceability Certificate #:	1359699	CUSTOMER CALIBRATION DATE: <u>SEP. 6 2012</u> CUSTOMER CALIBRATION DUE: <u>MAR/2013</u>
PERFORMED BY:	<u>KARL MILES</u>	<u>[Signature]</u>
	Technician Name (Please print)	Technician Signature
Where Applicable:	Customer Name (Please print)	Customer Signature