

COMPREHENSIVE TEST REPORT

Customer Name	C & R Cold Forging			SERVICE TICKET/ WORK ORDER #	SV1207130379		
Unit Location	SHIPPING G4			Customer #	N/A		
Mfg/Model #	MT CB60L			Serial #	16490786 KF		
Capacity	100	Unit of Measure	16	Number of Divisions	10000	Division Size	0.01 16

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VP0023IR, and NIST Handbook 44 and/or Canada Standard where applicable.

SHIFT TEST

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

Weights Applied: 50 16
 Max. Permissible Error: ± 3(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	0.00	0	0	0.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.00	0	± 1	10.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	20 16	20.00	0	± 2	20.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	50.00	0	± 3	50.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	100 16	100.00	0	± 4	100.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	50.00	0	± 3	50.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	20 16	20.00	0	± 2	20.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.00	0	± 1	10.00	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 16	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:			
WEIGHT IDENTIFICATION NUMBERS: <u>KIT # 87914, W12, W13</u>			
Weight Traceability Certificate #:	<u>1359858, 1359699</u>	CUSTOMER CALIBRATION DATE:	<u>SEP 16, 2012</u>
		CUSTOMER CALIBRATION DUE:	<u>MAR/2013</u>
PERFORMED BY:	<u>KARL MIKES</u>		<u>[Signature]</u>
	Technician Name (Please print)		Technician Signature
Where Applicable:	Customer Name (Please print)		Customer Signature

COMPREHENSIVE TEST REPORT

Customer Name	G&R COLD FORGING		SERVICE TICKET/ WORK ORDER #	SV120713 0379			
Unit Location	SHIPPING G4		Customer #	N/A			
Mfg/Model #	MT 2156		Serial #	5951816-5RV			
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

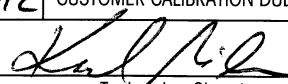
Weights Applied: 500 lb
 Max. Permissible Error: ± 2 (d)

<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:
 INDICATOR - IND 445 RD - S.N. 2791511

WEIGHT IDENTIFICATION NUMBERS:	W11 - W30		
Weight Traceability Certificate #:	1359699	CUSTOMER CALIBRATION DATE:	SEPT 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