WEIGHTS AND MEASURES DEPARTMENT

STATION..... SHEET NO. .....

ASSIZE AND MISCELLANEOUS WORK : CORRECTIONS

PART A- ASSIZE

STATION		
1	2	3

PAGE
4

REFERENCE						SUBMITTER												EQUIPMENT					VERIFICATION						
INSPECTOR	VERIFICATIO-N DATE			PAGE	LINE	OWNER ID									NAME	ADDRESS	LOCATION	SERIAL NO.	ITEM CODE	MODEL	CAPACITY	STATUS	COV NO	NATURE OF ASSIZE	NO. TESTED	NO. STAMPED	NO. REJECTED	NO. ADJUSTED	STAMPING FEES(KHS)
	MM	DD	YYYY																										
5	6	7	8	9	10	11	12	13	14	15	16	17	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35

COMPLETED BY ..... DATE .....