

WEIGHTS AND MEASURES DEPARTMENT

PART B- MISCELLENEOUS WORK

LINE	DATE			PLACE	TYPE OF WORK	BRIEF DETAILS OF WORK
	MM	DD	YYYY			
40	41	42	43	44	45	46
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

REMARKS:

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NAME OF INSPECTOR

.....

SIGNATURE