

# WEIGHTS AND MEASURES DEPARTMENT

STATION.....

SHEET NO. ....

## ASSIZE AND MISCELLANEOUS WORK DAILY SHEET

### PART A- ASSIZE

INSPECTOR							
1	2	3	4	5	6	7	8

VERIFICATION DATE		
MM	DD	YYYY
9	10	11

STATION		
12	13	14

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15

LINE	SUBMITTER										EQUIPMENT					VERIFICATION								
	OWNER ID										NAME	ADDRESS	LOCATION	SERIAL NO.	TYPE	MODEL	CAPACITY/DENOMINATION	STATUS	COV NO	NATURE OF ASSIZE	NO. TESTED	NO. STAMPED	NO. REJECTED	NO. ADJUSTED
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
01																								
02																								
03																								
04																								
05																								
06																								
07																								
08																								
09																								

.....  
NAME OF INSPECTOR

.....  
SIGNATURE

# 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**