

### COMPREHENSIVE TEST REPORT

Customer Name	B & R Cold Forming		SERVICE TICKET/ WORK ORDER #	SV11071603P1			
Unit Location	SHIPPING B4		Customer #	N/A			
Mfg/Model #	MT	2156	Serial #	5951816-5RV			
Capacity	5000	Unit of Measure	16	Number of Divisions	5000	Division Size	16

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 16  
 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 16	0	0	0	0	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
	500 16	500	0	± 1	500	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Max. Load*	1000 16	1000	0	± 2	1000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
	500 16	500	0	± 1	500	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
Zero	0 16	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 - 2791511		
WEIGHT IDENTIFICATION NUMBERS:	W1 - W30	
Weight Traceability Certificate #:	1359360	CUSTOMER CALIBRATION DATE: <u>SEP. 23 2011</u> CUSTOMER CALIBRATION DUE: <u>MAR/2012</u>
PERFORMED BY:	<u>KARL MIKES</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 #		SF1107160381	
Unit Location		SHIPPING G4		Customer #		N/A	
Mfg/Model #		MT CB60L		Serial #		16490786KF	
Capacity	100	Unit of Measure	16	Number of Divisions	10000	Division Size	0.0116

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

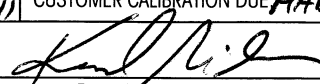
Position	As Found	As Left
1	50.00	50.00
2	50.00	50.00
3	50.00	50.00
4	50.00	50.00

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:		
INDICATOR - IND 445 RD - 2791511		
WEIGHT IDENTIFICATION NUMBERS:		W12, W14, KIT # 87914
Weight Traceability Certificate #:	1359368/1359540	CUSTOMER CALIBRATION DATE: <u>SEP 23, 2011</u> CUSTOMER CALIBRATION DUE: <u>MAR/2012</u>
PERFORMED BY:	<u>KARL MIKES</u>	
	Technician Name (Please print)	Technician Signature
Where Applicable:	Customer Name (Please print)	Customer Signature