

### COMPREHENSIVE TEST REPORT

Customer Name	G & R COLD FORGING		SERVICE TICKET/ WORK ORDER #	SN120113046P	
Unit Location	SHIPPING G1		Customer #	N/A	
Mfg/Model #	MT VIPER SD30		Serial #	2574369-7HE	
Capacity	75	Unit of Measure	16	Number of Divisions	15000
				Division Size	0.005

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VP00231R, and NIST Handbook 44 and/or Canada Standard where applicable.

**SHIFT TEST**


Position	As Found	As Left
1	30.000	30.000
2	30.000	30.000
3	30.000	30.000
4	30.000	30.000

Weights Applied: 30 lb  
 Max. Permissible Error: ± 4 (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	0.000	0	0	0.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.000	0	± 2	10.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	30 16	30.000	0	± 4	30.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	50.000	0	± 6	50.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	75 16	75.005	+ 1	± 8	75.005	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	50.000	0	± 6	50.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	30 16	30.000	0	± 4	30.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	10 16	10.000	0	± 2	10.000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Zero	0 16	0.000	0	± 1	0.000	Y <input type="checkbox"/> N <input type="checkbox"/>

\* Maximum load used in test  
 No decreasing load applicable

REMARKS:			
WEIGHT IDENTIFICATION NUMBERS:		KIT # 87914 W15	
Weight Traceability Certificate #:	1359340 1359699	CUSTOMER CALIBRATION DATE:	MAR 5 2012
		CUSTOMER CALIBRATION DUE:	SEP 1 2012
PERFORMED BY:	KARL MIKES		
	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 #	SV120113046P			
Unit Location	SHIPPING C1		Customer #	W1919			
Mfg/Model #	MT 2256		Serial #	1118906-73E			
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 VP0023IR, 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  
 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:		
WEIGHT IDENTIFICATION NUMBERS:	W11 - W30	
Weight Traceability Certificate #:	1359699	CUSTOMER CALIBRATION DATE: MAR 5, 2012 CUSTOMER CALIBRATION DUE: SEP 1, 2012
PERFORMED BY:	KARL MIKES Technician Name (Please print)	<i>Karl Mikes</i> Technician Signature
Where Applicable:	Customer Name (Please print)	Customer Signature

### COMPREHENSIVE TEST REPORT

Customer Name	GER COLD FORGING		SERVICE TICKET/ WORK ORDER #	SV1201130468			
Unit Location	IN PLANT G1		Customer #	N/A			
Mfg/Model #	DIGIWEIGH DWP121		Serial #	82464A07070085			
Capacity	400	Unit of Measure	16	Number of Divisions	20000	Division Size	0.02 16

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VP00231R, and NIST Handbook 44 and/or Canada Standard where applicable.

**SHIFT TEST**

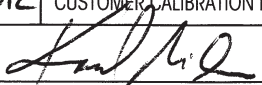
Position	As Found	As Left
1	20.00	20.00
2	20.00	20.00
3	20.00	20.00
4	20.00	20.00

Weights Applied: 2016  
 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	0.00	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	50.02	+ 1	± 3	50.02	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Max. Load*	100 16	100.04	+ 2	± 4	100.04	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
	50 16	50.02	+ 1	± 3	50.02	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>W11, W15 KIT # 87914</u>		
Weight Traceability Certificate #: <u>1359699, 1359340</u>	CUSTOMER CALIBRATION DATE: <u>MAR 5, 2012</u>	CUSTOMER CALIBRATION DUE: <u>SEP. 2012</u>
PERFORMED BY:	<u>KARL MIKES</u>	
	Technician Name (Please print)	Technician Signature
Where Applicable:	Customer Name (Please print)	Customer Signature