

COMPREHENSIVE TEST REPORT

Customer Name	G & R COLD FORGING		SERVICE TICKET/ WORK ORDER #	SV120113046P			
Unit Location	SHIPPING C4		Customer #	N/A			
Mfg/Model #	MT 2156		Serial #	5951816 - 5RV			
Capacity	5000	Unit of Measure	16	Number of Divisions	5000	Division Size	1 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	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 - S.O. 2791511

WEIGHT IDENTIFICATION NUMBERS: W11 - W30

Weight Traceability Certificate #: 1359699 CUSTOMER CALIBRATION DATE: MAR 5 2012 CUSTOMER CALIBRATION DUE: SEP 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 #	SV 120113046P			
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	0.01 16

The weighing equipment noted on this report has been tested and/or calibrated in compliance with METTLER TOLEDO procedure VPO023IR, 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

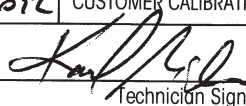
Weights Applied: 50 16
 Max. Permissible Error: ± 3(d)

<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:

WEIGHT IDENTIFICATION NUMBERS:	KIT # P7914, W11, W15		
Weight Traceability Certificate #:	1359340, 1359699	CUSTOMER CALIBRATION DATE:	MAR. 5, 2012
		CUSTOMER CALIBRATION DUE:	SEPT / 2012
PERFORMED BY:	KARL MIKES		
	Technician Name (Please print)		
Where Applicable:	Customer Name (Please print)		Customer Signature