



**PLANT INDUSTRIES
DIVISION**

OFFICIAL ANNUAL TEST REPORT FOR COMPRESSED NATURAL GAS

Bureau of Standards
4608 West 61st Street
Little Rock, AR 72209
bureau@agriculture.arkansas.gov
501.570.1159

DATE:		FACILITY:				PHONE:	
COUNTY:		PHYSICAL ADDRESS:		City:		State:	Zip:
EMAIL:		MAILING ADDRESS:		City:		State:	Zip:
SCALE MAKE:		SCALE MODEL:		SCALE SERIAL:		SCALE CAPACITY:	
CYLINDER MAKE:		CYLINDER MODEL:		CYLINDER SERIAL:		CYLINDER CAPACITY:	
SERVICE AGENCY:				REG#:		PHONE:	
NTEP CC:		DSP MODEL:				DSP SERIAL:	
DSP #:		METER MODEL:				METER SERIAL:	
TYPE TEST	1ST RUN	2ND RUN	3RD RUN	4TH RUN	5TH RUN	6TH RUN	
	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	
			SPECIAL	SPECIAL	SPECIAL	SPECIAL	
SCALE READING							
METER READING							
% METER ERROR							
NTEP CC:		DSP MODEL:				DSP SERIAL:	
DSP #:		METER MODEL:				METER SERIAL:	
TYPE TEST	1ST RUN	2ND RUN	3RD RUN	4TH RUN	5TH RUN	6TH RUN	
	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	
			SPECIAL	SPECIAL	SPECIAL	SPECIAL	
SCALE READING							
METER READING							
% METER ERROR							
NOTE: Scale documentation must accompany original report.							
By signing this form, the Service Agent states: (1) the devices above were inspected and tested in accordance with the current Examination Procedure Outline (EPO) as found in the National Institute of Standards and Technology's Handbook 112 and Handbook 44; (2) the devices above comply with all applicable requirements as specified in Handbook 44. Record Scale and Meter readings in mass units.							
Remarks:							

Service Agent Signature

Owner/Operator Signature

Service Agent Printed

Owner/Operator Printed Name