

PLACE-IN-SERVICE REPORTS

A How to Guide



Michigan Department of Agriculture & Rural Development

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Purpose

To outline the requirements for the submission of Place in Service reports –

- When TO fill out the report
- When NOT to fill out the report
- Step-by-step instructions on how to fill out the report
- How and where to submit the report
- Provide an instructional training tool



Guidelines for the Submission of the Place-in-Service Reports

- A new device is being placed into commercial service
- A device not currently being used commercially is being returned to commercial service
- A device is being returned to service after official rejection by a Weights and Measures Official (must include official rejection tag)



Guidelines for the Submission of the Place-in-Service Reports

- A load cell or metering chamber is replaced
- A non-portable device is relocated and placed into service
- An out-of-tolerance device is being brought back into tolerance



Routine Maintenance

- Place-in-Service reports will not be required for routine maintenance
- The following actions may be considered “routine” maintenance:
 - Meter/Scale adjustment not involving the repair or replacement of a metrologically significant component (i.e. meter, load cell, indicator, A/D converter, etc.)
 - Calibration adjustments intended to bring meters/scales that are in tolerance closer to a "zero" error
 - Other similar activities subject to department evaluation



Non-Commercial Devices

- A Place-in-Service report is not required for non-commercial devices.
- Commercial devices are defined as;
 - Weights, measures, and weighing and measuring devices, instruments, elements, and systems or portion thereof, used or employed in establishing the measurement or in computing any basic charge or payment for services rendered on the basis of weight or measure.
 - As used in this definition, measurement includes the determination of size, quantity, value, extent, area, composition (limited to meat and poultry), constituent value (for grain), or measurement of quantities, things, produce, or articles for distribution or consumption, purchased, offered, or submitted for sale, hire, or award.



Filling Out the Report

- All information must be accurate and complete

LB-183 (6/15) MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
LABORATORY DIVISION - WEIGHTS AND MEASURES
940 Venture Lane, Williamston MI 48895
Telephone: 517/656-8202

PLACE IN SERVICE REPORT

DEPT. USE ONLY	
Quality Control	P/F
NOTES:	

PLEASE PRINT LEGIBLY: PHYSICAL LOCATION OF THE DEVICE (Use a different form for each location.)

BUSINESS NAME	PHONE NUMBER	DATE OF SERVICE	NEW ESTABLISHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS	COUNTY	CITY	STATE ZIP CODE

SPECIAL NOTICE: The National Type Evaluation Program (NTEP) Certificate of Conformance Number must be recorded in the "NTEP COC" column below.

DEVICE DESCRIPTION					
TYPE DEVICE (Codes on back)	MANUFACTURER	MODEL NUMBER	RATED CAPACITY/ FLOW RATE	NTEP COC	COMMENTS
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)	<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored		
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)	<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored		
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)	<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored		
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)	<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored		
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)	<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored		

SERVICE AGENCY INFORMATION

AGENCY NAME	AGENCY MI REGISTRATION NUMBER
ADDRESS	Contact Name
CITY	STATE ZIP PHONE

NOTE: In accordance with P. A. 283, of 1964, as amended, Michigan Weights and Measures Act, a Place in Service Report and copy of test results must be mailed within five (5) business days for each out of service device returned to service, each new installation, and other devices restored to service.

By my signature, I certify that the device(s) listed above were installed and/or calibrated to applicable requirements as set forth in P. A. 283, of 1964, as amended, the Michigan Weights and Measures Act and NIST Handbook 44. I also certify that the standards used in such testing and calibrations are currently certified and that I have sealed all adjustments as required and currently hold certification for the above device(s).

Standard Certification Number(s) _____ Certifying Laboratory Name _____

NAME OF SERVICE AGENT (PRINT)	SIGNATURE OF AGENT	MI REGISTRATION NO.	CATEGORY LETTER(S)
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Filling Out the Report

DEVICE CODE	DEVICE
01	Vehicle Scale (2 Section)
02	Livestock Scale
03	Platform (1500 lbs. or less), Animal (all), Portable Hopper (all)
04	Hopper Scale (over 1500 lbs.)
05	Monorail Scale
06	Counter Scale/Hanging Pan Scale
07	CNG Meter
09	Vehicle Scale (3+ Section)
10	Single Product Retail Meter
11	Vehicle Tank Meter/Loading Rack Meter (100 GPM or less)
12	Platform Scale (over 1500 lbs.)
13	Single Product Retail Meter (over 25 GPM and/or with a slave)
14	LPG Meter (25 GPM or less)/stationary
15	LPG Meter (over 25 GPM)
16	Blended Product Retail Meter
17	Crane Scale
18	Loading Rack Meter (over 100 GPM)
26	Agri-Chemical Meter
29	Railroad Scales
30	Belt Conveyor
31	Mass Flow Meter
32	Taxi Meter

CATEGORY LETTER	CATEGORY NAME	CATEGORY LETTER	CATEGORY NAME
A	Agri. Chemical	H	Retail Motor Fuel Dispensers
B	Belt Conveyor	I	Vehicle and Axle-Load Scales
C	Livestock & Animal Scales	J	Vehicle Tank Meters (Other than LPG)
D	L.P. Gas Meters	K	Loading Rack Meters
E	Medium Capacity Scales (500 to 5,000 lb)	L	Mass Flow Meters
F	Railroad Track Scales	M	Multiple Dimension Measuring Devices
G	Retail Computing Scales	N	High Flow Retail Meters

DEFINITIONS	
Return Device to Service	<ul style="list-style-type: none"> State of Michigan inspector condemned device ONLY (Red Tagged)
New Installation	<ul style="list-style-type: none"> New device being installed
Other Device Restored	<ul style="list-style-type: none"> Device not currently being used commercially is being returned to commercial service non-portable device is relocated and placed into service Out-of-tolerance and being brought closer to zero No security seals Repair or Replacement of a metrologically significant component
**NTEP COC (Required to report the COC number)	<ul style="list-style-type: none"> National Type Evaluation Program - Certificate of Conformance (this is a number)
***Calibration Test Report Number (Required)	<ul style="list-style-type: none"> A test report with a corresponding number is issued when standards are calibrated. Report that number for the standard(s) being used at the above location and date of service.



Physical Location of the Device

This is for OUR department MDARD use only: PLEASE DO NOT WRITE HERE

LB-183 (5/15)

MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
 LABORATORY DIVISION – WEIGHTS AND MEASURES
 940 Venture Lane, Williamston MI 48895
 Telephone: 517/655-8202

DEPT. USE ONLY	
Quality Control	P/F
NOTES:	

PLAC

PLEASE PRINT LEGIBLY: PHYSICAL LOCATION OF THE DEVICE (Use a different form for each location.)

BUSINESS NAME	PHONE NUMBER	DATE OF SERVICE	NEW ESTABLISHMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS	COUNTY	CITY	STATE	ZIP CODE

Place the actual business name here

This is the business phone number of the location where work is being done

Place the ACTUAL date of service at that establishment

Is the establishment new: Yes or No

Place the ACTUAL mailing Address for this location

Place the actual county for this location

Place the actual city for this location

Place the actual state for this location

Place the actual zip code for this location



Physical Location of the Device

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PLACE IN SERVICE REPORT

DEPT. USE ONLY

Quality Control	P/F
NOTES:	

PLEASE PRINT LEGIBLY: PHYSICAL LOCATION OF THE DEVICE (Use a different form for each location.)

BUSINESS NAME E.C. Heffron	PHONE NUMBER 517-655-8303	DATE OF SERVICE 7-7-15	NEW ESTABLISHMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
MAILING ADDRESS 940 Mockingbird Lane	COUNTY Ingham	CITY Williamston	STATE MI	ZIP CODE 48895



Device Description

The device code for the device type are located on the back of the plate in service report

This is found on the identification plate attached to the device

This is found on the identification plate attached to the device

Manufacturer Rated Capacity

NETP COC (Certificate of Conformance) can be found on the identification plate attached to the device

Use this for any additional comments (this can be left blank)

IMPORTANT NOTICE: The National Type Evaluation Program (NTEP) Certificate of Conformance Number must be recorded

You can place 5 devices on 1 report as long as they are at the same location.

DEVICE DESCRIPTION					
TYPE DEVICE (Codes on back)	MANUFACTURER	MODEL NUMBER	RATED CAPACITY/ FLOW RATE	NETP COC	COMMENTS
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)		<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)		<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)		<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)		<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag)		<input type="checkbox"/> New Installation	<input type="checkbox"/> Other Devices Restored	

Mark this ONLY when a Michigan Weights and Measures Inspector condemns a device

Mark this ONLY for new installations of a device

Mark this for all other work



Device Codes

- The device code correlates with the device

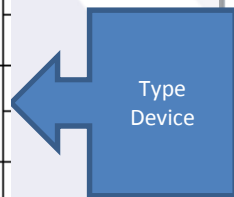
DEVICE CODE	DEVICE
01	Vehicle Scale (2 Section)
02	Livestock Scale
03	Platform (1500 lbs. or less), Animal (all), Portable Hopper (all)
04	Hopper Scale (over 1500 lbs.)
05	Monorail Scale
06	Counter Scale/Hanging Pan Scale
07	CNG Meter
09	Vehicle Scale (3+ Section)
10	Single Product Retail Meter
11	Vehicle Tank Meter/Loading Rack Meter (100 GPM or less)
12	Platform Scale (over 1500 lbs.)
13	Single Product Retail Meter (over 25 GPM and/or with a slave)
14	LPG Meter (25 GPM or less)/stationary
15	LPG Meter (over 25 GPM)
16	Blended Product Retail Meter
17	Crane Scale
18	Loading Rack Meter (over 100 GPM)
26	Agri-Chemical Meter
29	Railroad Scales
30	Belt Conveyor
31	Mass Flow Meter
32	Taxi Meter



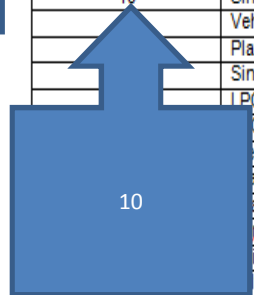
Type Device

SPECIAL NOTICE

TYPE DEVICE (Codes on back)
16
10
13
13
06



DEVICE CODE	DEVICE
01	Vehicle Scale (2 Section)
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03	Platform (1500 lbs. or less), Animal (all), Portable Hopper (all)
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	ane Scale
10	ading Rack Meter (over 100 GPM)
	ri-Chemical Meter
	ilroad Scales
	t Conveyor
31	Mass Flow Meter
32	Taxi Meter





Device Description

SPECIAL NOTICE: The National Type Evaluation Program (NTEP) Certificate of Conformance Number must be recorded in the "NTEP COC" column below.

DEVICE DESCRIPTION					
TYPE DEVICE (Codes on back)	MANUFACTURER	MODEL NUMBER	RATED CAPACITY/ FLOW RATE	NTEP COC	COMMENTS
16	John Doe	X129990	8 gpm	1X-22BB	Digital Segment Repair
	<input checked="" type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
10	John Doe	X129990	8 gpm	3X-78NN	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Other Devices Restored				
13	J Doe	X129989	>19 gpm	3X-78AA	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
13	J Doe	X129989	>19 gpm	3X-78AA	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Other Devices Restored				
06	Jane Doe	X99999	30 x 0.01 lb	3X-78RR	
	<input type="checkbox"/> Return Device to Service (Enclose Michigan Condemnation Tag) <input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Other Devices Restored				



Service Agency Information

- All service agency information must be accurate and up to date.
- ALL information must be completed.

SERVICE AGENCY INFORMATION			
AGENCY NAME [REDACTED]		AGENCY MI REGISTRATION NUMBER [REDACTED]	
ADDRESS [REDACTED]		Contact Name [REDACTED]	
CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]	PHONE [REDACTED]



Service Agency Information

SERVICE AGENCY INFORMATION

AGENCY NAME E.C. Heffron Laboratory		AGENCY MI REGISTRATION NUMBER 99999	
ADDRESS 940 Venture Lane		Contact Name Ryan Robert	
CITY Williamston	STATE MI	ZIP 48895	PHONE 517-655-8202



Certification of the Device

NOTE: In accordance with P. A. 283, of 1964, as amended, Michigan Weights and Measures Act, a Place in Service Report and copy of test results must be mailed within five (5) business days for each out of service device returned to service, each new installation, and other devices restored to service.

By my signature, I certify that the device(s) listed above were installed and/or calibrated to applicable requirements as set forth in P. A. 283, of 1964, as amended, the Michigan Weights and Measures Act and NIST Handbook 44. I also certify that the standards used in such testing and calibrations are currently certified and that I have sealed all adjustments as required and currently hold certification for the above device(s).

Standard Certification Number(s) _____ Certifying Laboratory Name _____



Standard Certification Number

- Standards used by the registered serviceperson or registered service agency shall be certified at least every 2 years.
 - Standard certification numbers change every 2 years
- The certification of standards may be done at any approved laboratory.



Standard Certification Number

- Every approved laboratory will issue a certificate.
- The standard certification number is found on this report.



Standard Certification Number

- At state laboratories, the report may have a certification number starting with their states initials:
 - MI
 - Michigan is the only state to consistently use the state abbreviation in our calibration report number.
 - OH
 - WI
 - MN
 - FL



Standard Certification Number

- After the stated initials there will be numbers:
 - Michigan will have the month and then the year.
 - MI-07-15-XXXX
 - Michigan is the only state to consistently use the state abbreviation in our calibration report number, as well as, the year.
 - Other States may have just the year.
 - OH-15-XXXX
 - WI-15-XXXX
 - MN-15-XXXX
 - FL-15-XXXX



Standard Certification Number

- Private Laboratories
 - Private labs will “generally” use a combination string of letters and numbers for their report that must be unique. They are not allowed to just use a date.
 - On the Place-in-Service report use the date certified as the standard certification number i.e 06/10/15



Certification of the Device

The standard certification number is found on the calibration report. This is an example of a Michigan Calibration Report number.



The certifying laboratory is the state name where calibration was performed or the name of the "private" laboratory that performed the calibration.



Standard Certification Number(s) MI-04-14-11225 Certifying Laboratory Name Michigan

NAME OF SERVICE AGENT (PRINT)	SIGNATURE OF AGENT	MI REGISTRATION NO.	CATEGORY LETTER(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Signature

- All Place in Service reports need:
 - A printed name and a signed service agent name.
 - Their Michigan registration number
 - And their registered categories [category letter(s)]

NAME OF SERVICE AGENT (PRINT) [REDACTED]	SIGNATURE OF AGENT [REDACTED]	MI REGISTRATION NO. [REDACTED]	CATEGORY LETTER(S) [REDACTED]
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Registered Categories

CATEGORY LETTER	CATEGORY NAME	CATEGORY LETTER	CATEGORY NAME
A	Agri. Chemical	H	Retail Motor Fuel Dispensers
B	Belt Conveyor	I	Vehicle and Axle-Load Scales
C	Livestock & Animal Scales	J	Vehicle Tank Meters (Other than LPG)
D	L.P. Gas Meters	K	Loading Rack Meters
E	Medium Capacity Scales (500 to 5,000 lb)	L	Mass Flow Meters
F	Railroad Track Scales	M	Multiple Dimension Measuring Devices
G	Retail Computing Scales	N	High Flow Retail Meters



Proper Placed-in-Service Report

- To properly place a device into service the following need to be submitted to Michigan Weights and Measures:
 - Place-in-Service report
 - Test data (calibration report)
 - Red tag (if condemned by Michigan Weights and Measures inspector)



The Test Report

- The minimum information that will need to be on the test report are:
 - Establishment name of the location where service was completed
 - The address of the location where service was completed
 - The date of service
 - As found test data
 - As left test data
 - Signature(s) of the technician(s) that completed the work



The Address

Under the following circumstances, Place-in-Service reports and the corresponding test reports are to be sent to Michigan Weights and Measures within five working days to:

Michigan Department of Agriculture

940 Venture Lane

Williamston, Michigan 48895

Questions?

**Contact Ryanne Hartman at 517-655-7231 or
Weights and Measures at 517-655-8202**



Michigan Department of Agriculture & Rural Development

Stay connected with MDARD!



Michigan Department
of Agriculture



@MichDeptofAg



MIagriculture