



VTM/Bulk Flammable Liquid Meter Calibration Report

Complete this form and send it to OPS within 7 days via email, postal mail or fax using the information listed above.

Facility/Company Information

Name:			
Street Address:			
City/State/ZIP:			
Contact Name:		Contact Phone #:	

Truck/Bulk Meter Information

Unit #:		Truck License #:		Total # of Meters:	
Item #	Item Description	Meter #			
		1		2	
1	Product				
2	Beginning Totalizer				
3	Ending Totalizer				
4	Meter Make				
5	Meter Model				
6	Meter Serial #				
7	Maximum Flow Rate		gpm		gpm
8	Minimum Flow Rate		gpm		gpm
9	Is the seal intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Ticket Printer	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)
11	Anti-drain Nozzle	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)
12	Air Eliminator Piping	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)	<input type="checkbox"/> OK	<input type="checkbox"/> N/A (for airport meters only)

Calibration Information

13	Prover Capacity				gal		gal		
14	Flow Rate (as tested)	Fast:	gpm	Slow:	gpm	Fast:	gpm	Slow:	gpm
15	Maintenance Tolerance								
16	Acceptance Tolerance								
17	Meter Error	Fast	Slow	Split	Fast	Slow	Split		
	<i>As Found</i>	in ³	in ³	in ³	in ³	in ³	in ³		
	<i>As Adjusted</i>	in ³	in ³	in ³	in ³	in ³	in ³		

Inspection Check Sheet

<i>Calibration Prover Information</i>	<input type="checkbox"/> Placed in service (new or repaired) <input type="checkbox"/> Routine calibration (existing meter)	<input type="checkbox"/> Placed in service (new or repaired) <input type="checkbox"/> Routine calibration (existing meter)
Serial #	Comments/Notes	Comments/Notes
Manufacturer		

Certification Information

I certify that:

- I have calibrated the meter(s) listed above.
- I have set each adjusted meter as close to zero as possible.
- I have placed out of service any meter that could not be adjusted to the NIST tolerance on the negative side.

Technician Name:		Technician Seal ID #:	
Registered Service Agency Name:			
Technician Signature:		Date:	