

**INSPECTION REPORT ON COMPLIANCE BASE INSPECTION OF THE LEGAL METROLOGY
ACT/RULES IN RESPECT OF MANUFACTURER, PACKER, IMPORTER OF PACKAGED
COMMODITIES & WEIGHTS AND MEASURES**

User of Weight and Measure

Name of the Business Establishment: _____

Name of the Proprietor: _____

A. Compliance in weights and measures (User and Packer)

- | | | |
|--|---|-------------------------------|
| (1) Verification Certificate of weights and measures | - | Valid / invalid |
| (2) Inspector Seals | - | Intact / Tampered |
| (3) Inspector Stamp | - | Valid / Invalid |
| (4) Accuracy
(Test Report attached) | - | Within the MPE/Beyond the MPE |

B. Determination of Net Quantity of Pre-packed Commodities. (Packer)

- | | | |
|---|---|-------------------------------|
| (i) Registration Certificate of Manufacturer, Packer
& Importer of Pre-packed Commodity. | : | Yes / No |
| (ii) Mandatory Declaration | : | Yes / No |
| (iii) Accuracy of Netweight / Content
(Result Data Sheet attached) | : | Within the MPE/Beyond the MPE |

Remarks of Inspecting Officer:

Signature

**INSPECTION REPORT ON COMPLIANCE BASE INSPECTION OF THE MANUFACTURER /IN
WEIGHTS AND MEASURES**

Name & Address: _____

Name of the Proprietor: _____

- | | | |
|---|---|-------------------------|
| (1) Licence | - | Valid / invalid |
| (2) Model Approval Certificate | - | Yes / No |
| (3) Verification Certificate of test weights | - | Valid / Invalid |
| (4) Sales & Proceeds Register | - | Upto date/not upto date |
| (5) Nos. Of weights and measures lying in the State | - | Valid / Invalid |
| (6) Skilled Labour | - | Yes / No |
| (7) Sufficient Tools & Equipments | - | Yes / No |

Remarks of Inspecting Officer:

Signature

**INSPECTION REPORT ON COMPLIANCE BASE INSPECTION OF THE DEALER AND IMPORTER
IN WEIGHTS AND MEASURES**

Name & Address: _____

Name of the Proprietor: _____

- | | | |
|---|---|-------------------------|
| (1) Licence | - | Valid / invalid |
| (2) Verification Certificate of test weights | - | Valid / invalid |
| (3) Sales & Proceeds Register | - | Upto date/not upto date |
| (4) Nos. Of weights and measures lying in the Stock | - | Valid / Invalid |

Remarks of Inspecting Officer:

Signature

**INSPECTION REPORT ON COMPLIANCE BASE INSPECTION OF THE REPAIRER IN WEIGHTS
AND MEASURES**

Name & Address: _____

Name of the Proprietor: _____

- | | | |
|--|---|-------------------------|
| (1) Licence | - | Valid / invalid |
| (2) Verification Certificate of test weights | - | Valid / Invalid |
| (3) Register | - | Upto date/not upto date |
| (4) Skilled Labour | - | Yes / No |
| (5) Sufficient Tools & Equipment | - | Yes / No |

Remarks of Inspecting Officer:

Signature