

# City of Menasha Health Department

## Weights and Measures

Device Inspection Report

### Device Inspection Grid Summary

**Insp Date:** 6/20/2013  
**Business:** Southsider

**Business ID:** wm03411

**Inspection:** AA000155

**Store ID:**

**Phone:**

**Inspector:** Todd Dre Todd Drew

**Reason:** Normal

, WI

Class	Actv	Cor	24	14	30	Rej	AP
Scale	1	1					
Liquid Measuring Device	24	23					1
Timing Device	2	2					

Make	Model	Serial #		Location	Other	Max Err	Results	Prod Used	Notes
Gilbarco	NNI	FTEN150492	regular	1		1	Correct	0.000	
Gilbarco	NNI	FTEN150492	Premium	1		0	Correct	0.000	
Gilbarco	NNI	FTEN150492	Premium	2		0	Correct	0.000	
Gilbarco	NNI	FTEN150493	regular	3		1	Correct	0.000	
Gilbarco	NNI	FTEN150493	Premium	3		1	Correct	0.000	
Gilbarco	NNI	FTEN150493	regular	4		6	Action Pending	10.000	
Gilbarco	NNI	FTEN150493	Premium	4		1	Correct	0.000	
Gilbarco	NNI	FTEN150494	regular	5		1	Correct	0.000	
tokheim	3443	2992997	Premium	5		2	Correct	0.000	
Gilbarco	NNI	FTEN150494	regular	6		2	Correct	0.000	
tokheim	3443	2992998	Premium	6		3	Correct	0.000	
Gilbarco	NL1	FTEN150504	regular	7		2	Correct	0.000	
Gilbarco	NL1	FTEN150504	Premium	7		1	Correct	0.000	
tokheim	234	2887658	regular	8		3	Correct	0.000	

\_\_\_\_\_  
 Inspector

\_\_\_\_\_  
 Acknowledged Receipt:

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Make	Model	Serial #		Location	Other	Max Err	Results	Prod Used	Notes
tokheim	234	2887658	Premium	8		0	Correct	0.000	
tokheim	3443	2992887	regular	2		1	Correct	0.000	

**Device Product Used:** 10. **Insp Product Used:** . **Tot Product Used:** 10.

Grade	Prod Used
regular	10.00

**Billing Address:**

**Notes:**

**IMPORTANT:** INCORRECT equipment violations must be corrected and a copy of the attached form completed and mailed to the Inspector by the time period noted in the 'Results' above.

USE OF REJECTED EQUIPMENT IS PROHIBITED BY SECTION 98.26, WIS. STATS., AND SUBJECT TO PENALTY.

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Acknowledged Receipt:

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**Insp Date:** 6/20/2013  
**Business:** Southsider

**Business ID:** wm03411

**Inspection:** AA000156

**Store ID:**

**Phone:**

**Inspector:** Todd Dre Todd Drew

**Reason:** Normal

, WI

Class	Actv	Cor	24	14	30	Rej	AP
Scale	1	1					
Liquid Measuring Device	24	23					1
Timing Device	2	2					

Make	Model	Serial #		Location	Other	Max Err	Results	Prod Used	Notes
Chatillon	HB1000	232253		Parking Lot		0	Correct	0.000	A B C D E

**Billing Address:**

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**Notes:**

\_\_\_\_\_  
 Inspector

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 Acknowledged Receipt: