

TGT PROVER

S/N _____ Date _____ Time _____

Customer P.O.: _____

	Scale/ lbs.	Disp./lbs.	% Error
Test 1:	_____	_____	_____
Test 2:	_____	_____	_____
Test 3:	_____	_____	_____
Average:	_____	_____	_____