JURISDICTION _____ **Page ___ of ___**

TIMING DEVICE CHECKLIST

Date	Type of Business	Phone	Zip Code

Firm's Name	Address	City

HB 44 Requirements

S.1.1.1.	A service light or equally effective means that shows device is in operation?	YES	NO	
S.2.	Operating instructions clearly stated on device?	YES	NO	
UR.1. , UR.2.	The price for service dispensed and the number of coins the device will accept and be activated by at one time clearly displayed? **(Example: ___Minutes for __ or __ Minimum to start or __Maximum at any one time)**	YES	NO	
G-UR.3.4.	Name, address, and phone number of local responsible party for resolving monetary discrepancies for the customer is posted if there is no attendant present?	YES	NO	NA

#	START	STOP	+/-	#	START	STOP	+/-

SEALED_____ **REJECTED**_____ **NOT TESTED**_____ **RE-CHECK**_____

REMARKS:

_____ _____

Weights and Measures Inspector **Owner or User**