



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF WEIGHTS AND MEASURES SCALE PROGRAM
 P.O. BOX 630, JEFFERSON CITY, MISSOURI 65102 (573) 751-5630
 SCALE INSPECTION REPORT/FEE INVOICE

COUNTY: GREENE
 DATE: 1-30-07
 Insp. CODE: 04
 PAGE: 01 OF 02
 INVOICE NUMBER: 203950

FIRM NAME AND STREET ADDRESS:
 077-0129
 SMILLIE'S IGA #1
 1421 S GLENSTONE
 SPRINGFIELD
 TELEPHONE NUMBER (417) 881-2616

MAILING ADDRESS IF DIFFERENT:
 SMILLIE'S IGA #1
 1421 S GLENSTONE
 SPRINGFIELD, MO 65802
 TELEPHONE NUMBER

NAME	TYPE	SERIAL NUMBER	CAPACITY	ZERO AS FOUND	0 TO 1 LB	1/4 TEST LOAD	1/2 TEST LOAD	3/4 TEST LOAD	MAXIMUM TEST LOAD	ACTION CODE	FEE
CHATTILL	HG	C2027	30			NOT Sealed				N	5.00
CHATTILL	HG	M05821	30			"	"	"		N	5.00
HOBART	PF	13744778	450			"	"	"		N	10.00
HOBART	PK	1332489	30			"	"	"		N	5.00
ICL	CP	20396662SX	30	0	OK	OK	OK	OK	30 rd	A	5.00
ICL	CP	20622132NY	30	0	-1d	-5d	-10d	1d	5 TEST	R	5.00
ICL	CP	20622252NY	30	0	OK	OK	OK	1d	30 rd -1d	A	5.00
ICL	CP	20951352YY	30			Delete				D	5.00
TOLEDO	CP	2415B772XP	50	0	OK	OK	OK	1d	-1d 30 rd	A	5.00

NOTICE: All device inspection fees shall be paid within thirty days of the issuance of the original invoice. Any fee not paid within ninety days after the date of the original invoice will be cause for the director to deem the device as incorrect and it may be condemned and taken out of service. And may be seized by the director until all fees are paid. Section 413.225 RSMo Effective 8-28-02.

MAKE CHECK PAYABLE TO:
 SCALE PROGRAM, WEIGHTS AND MEASURES. SEND TOTAL AMOUNT DUE WITH BLUE COPY.

PAGE TOTAL: 20.00
 TOTAL AMOUNT DUE AT INSPECTION: \$35.00

RECEIPT OF REPORT ACKNOWLEDGED:
William A. Smith

INSPECTOR:
Tom Rosen

DISTRIBUTION: WHITE - OFFICE FILE BOLDTYPE - ACCOUNTING BLUE - INVOICE PINK - BUSINESS CANARY - INSPECTOR

FEB 05 2007



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF WEIGHTS AND MEASURES SCALE PROGRAM
 P.O. BOX 630, JEFFERSON CITY, MISSOURI 64102 (573) 751-5630
SCALE INSPECTION REPORT/FEE INVOICE

COUNTY GREENE	RESP. CODE 04	PAGE 02 OF 02
DATE 1-30-07		INVOICE NUMBER 203550

FIRM NAME AND STREET ADDRESS 077-0129 SMILLIE'S IGA #1 1421 S GLENSTONE SPRINGFIELD TELEPHONE NUMBER (417) 981-2616	BILLING ADDRESS IF DIFFERENT SMILLIE'S IGA #1 1421 S GLENSTONE SPRINGFIELD, MO 65802 TELEPHONE NUMBER
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	NAME	TYPE	SERIAL NUMBER	CAPACITY	ZERO AS FOUND	0 TO 1 LB	1/2 TEST LOAD	1/2 TEST LOAD	SWFT	3/4 TEST LOAD	MAXIMUM TEST LOAD	ACTION CODE	FEE
1.	TOLEDO	CP	449770046A	30	0	OK	OK	OK	1d	OK	30 ^{ed}	A	5.00
2.	TOLEDO	PK	23803432	30	0	OK	-1d	-1d	OK	-2d	30 ^{ed}	A	5.00
3.	ICL	CP	209775620X	30	0	OK	OK	OK	1d	OK	30 ^{ed}	A	5.00
4.													
5.													
6.													
7.													
8.													
9.													

NOTICE: All device inspection fees shall be paid within thirty days of the issuance of the original invoice. Any fee not paid within ninety days after the date of the original invoice will be cause for the director to deem the device as incorrect and it may be condemned and taken out of service, and may be seized by the director until all fees are paid. Section 413.225 RSMo Effective 8/29/02.	MAKE CHECK PAYABLE TO: SCALE PROGRAM, WEIGHTS AND MEASURES. SEND TOTAL AMOUNT DUE WITH BLUE COPY	PAGE TOTAL 15.00
		TOTAL AMOUNT DUE AT INSPECTION See page 1
RECEIPT OF REPORT ACKNOWLEDGED	INSPECTOR 	

MO 390-0851 (9-02)

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MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF WEIGHTS AND MEASURES SCALE PROGRAM
 P.O. BOX 600, JEFFERSON CITY, MISSOURI 65102 (573) 751-5659
SCALE INSPECTION REPORT/FEE INVOICE

APR 20 2007

COUNTY	Greene	INS. CODE	04	PAGE	1 of 1
DATE	4-10-07	INVOICE NUMBER			
		Retest			

FIRM NAME AND STREET ADDRESS 077-0129 Smillie's IGA #1 1421 S. Glenstone Springfield MO 65802 TELEPHONE NUMBER (417) 881-2616	BILLING ADDRESS IF DIFFERENT Same TELEPHONE NUMBER
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	NAME	TYPE	SERIAL NUMBER	CAPACITY	ZERO AS FOUND	# TO 1 LB.	1/4 TEST LOAD	1/2 TEST LOAD	3/4 TEST LOAD	MAXIMUM TEST LOAD	ACTION CLASS	FEE
1.	ICL	CP	20622132NY	30	0	11d	17d	15d	STOP TEST		R	Retest
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												

NOTICE: All device inspection fees shall be paid within thirty days of the issuance of the original invoice. Any fee not paid within ninety days after the date of the original invoice will be cause for the director to deem the device as inoperable and it may be condemned and taken out of service, and may be seized by the director until all fees are paid. Section 413.225 RSMo Effective 8-29-02.

MAKE CHECK PAYABLE TO: SCALE PROGRAM, WEIGHTS AND MEASURES. SEND TOTAL AMOUNT DUE WITH BLUE COPY.

RECEIPT OF REPORT 	INSPECTOR 	PAGE TOTAL 0 TOTAL AMOUNT DUE AT INSPECTION 0
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STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES
PRICE VERIFICATION INSPECTION REPORT

FEB 6 5 2007
P. O. BOX 630
JEFFERSON CITY, MO 65102
(573) 751-5639

PAGE 1 OF 1

STORE NAME <i>Smilie's IGA</i>		ADDRESS <i>1421 S. Glenstone Springfield MO</i>		ZIP CODE <i>65804</i>
DATE <i>1-30-07</i>	COUNTY <i>Greene</i>	TELEPHONE <i>(417) 981-2616</i>	TYPE OF STORE <i>Grocery</i>	MANAGER <i>Bill Smilie</i>
INSPECTION - CURRENT YEAR <input checked="" type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD		FREQUENCY <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> INCREASED <input type="checkbox"/> SPECIAL		INSPECTION LOT <i>Store 156</i>
<input type="checkbox"/> CASH REGISTER RECEIPT ATTACHED		<input checked="" type="checkbox"/> RANDOMIZED		<input type="checkbox"/> STRATIFIED

ITEM, BRAND NAME, ITEM OR STYLE NUMBER	NUMBER OF ITEMS, SIZE, LOCATION IN STORE, OR UPC CODE	OFFERED PRICE	PRICE CHARGED	PRICE ERROR IN CENTS ±
1. <i>Vanish Droppers</i>	<i>13 items net wt 1.702 (48) 126 #9</i>	<i>1.39</i>	<i>1.25</i>	<i>.14</i>
<input type="checkbox"/> STOP SALE ISSUED <input checked="" type="checkbox"/> CORRECTED	COMMENTS			
2.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
3.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
4.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
5.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
6.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
7.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			
8.				
<input type="checkbox"/> STOP SALE ISSUED <input type="checkbox"/> CORRECTED	COMMENTS			

EVALUATION OF RESULTS					
1. SAMPLE (NO. ITEMS CHECKED) <i>50</i>	2. NOT ON FILE <i>0</i>	3. ADJUSTED SAMPLE (1-2=) <i>50</i>	4. NO. OF ERRORS <i>1</i>	5. % OF ERRORS (4-3=) <i>2%</i>	6. ACCURACY IN % (100-5=) <i>98%</i>
7. IS ACCURACY % 98 OR MORE? <input checked="" type="checkbox"/> YES PASS <input type="checkbox"/> NO FAIL		8. MONEY VALUE OVERCHARGE \$ <i>0</i> UNDERCHARGE \$ <i>.14</i>		9. NO. OF ERRORS <i>0</i>	10. NO. OF ERRORS <i>1</i>
11. RATIO OF OVERCHARGES TO UNDERCHARGES (8-10=) <i>0 TO 1</i>					

COMMENTS/REMARKS

BUSINESS OWNER OR OPERATOR *William A. Smilie* INSPECTOR *Tom Rogers*