

Form /WMD/DPT/001



Federal Ministry of Industry, Trade and Investment
Weights and Measures Department
Old Federal Secretariat, Area 1, Garki Abuja.

Company Name:

Address:

City:

Phone:

e-mail:

DISPENSING PUMP TEST SHEET

S/N	MAKE/TYPE	MODEL NO.	SERIAL NO.	5L	10L	20L	ERROR	REMARK

Company Representative :

Inspecting Officer:

Designation:

Designation:

Date

Time

Signature

Date

Time

Signature