U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION
PACKERS AND STOCKYARDS PROGRAM

# HOPPER SCALE TEST REPORT

1 Page No.

2 Testing Agency *(Name, address, city, state, zip code, telephone number, and e-mail address)*:

3 Scale Owner

4 Address

5 City | 6 County | 7 State

8 Scale Location

9 Address

10 City | 11 County | 12 State

13 Date Test Weights Were Last Verified

| 14 Test Date *(mm/dd/yyyy)* | 15 Last Test Date *(mm/dd/yyyy)* | 16 List Times and Days When Scale Is Not In Use, and Available For Testing | 17 Scale Capacity *(lbs.)* |
|---|---|---|---|
| | | 18 Class of Scale: ❑ Marked III ❑ Not Marked | 19 Model Number | 20 Scale Division *(lbs.)* |
| 21 Scale Manufacturer *(Indicator)* | | 22 Type of Indicator: ❑ Beam ❑ Dial ❑ Digital ❑ Printer | 23 Is the Scale Connected to a Computer? ❑ Yes ❑ No | 24 Serial Number |

## TEST RESULTS

25 SR *(Sensitivity Response)* Or Discrimination Test

Zero Load = _____ lb. Maximum Load = _____ lb.

26 Scale Condition As Found

27 Zero Balance As Found

28 CORNER TEST

| Position | (a) Balance Weights | (b) Test Weight | (c) Weight Indication | (d) Error Weights *(lbs.)* | (e) Error |
|---|---|---|---|---|---|
| Corner 1 | | | | | |
| Corner 2 | | | | | |
| Corner 3 | | | | | |
| Corner 4 | | | | | |

29 INCREASING LOAD TEST

| a Feed | b Balance Weights | c Test Weights | d Weight Indication | e Error Weights *(lbs.)* | f Error |
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29 INCREASING LOAD TEST *(continued)*

| (a) Feed | (b) Balance Weights | (c) Test Weights | (d) Weight Indication | (e) Error Weights *(lbs.)* | (f) Error |
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30 The errors indicated on this test report ❑ **ARE** ❑ **ARE NOT** within the accuracy requirements specified in National Institute of Standards and Technology (NIST) Handbook 44 as required by the regulations (9 CFR 201.71). *(For more information, contact the Business Practices Unit of the Packers and Stockyards Program Regional Office.)*

31 Repairs, adjustments, or changes made at this time:

32 Recommendations for repair, replacement, etc. *(Continue on reverse side if necessary)*:

33 Receipt of Report Acknowledged *(Signature)*:

34 Scale Inspector *(Signature)*:

Response is required to assure that tests are made on feed scales, and to show accuracy of scales used to weigh feed when feed weight is a factor in determining payment or settlement for livestock or live poultry. ( 9 CFR 201.72.) Information held confidential (9 CFR 201.96).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0580-0015. The time required to complete this information collection is estimated to average .25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.