OMB Control No. 0580-0015

U.S. DEPARTM GRAIN INSPECT STOCKYARDS A PACKERS AND	AND			F	HOPPER S	CALE TEST REPORT				1 Page No.				
PACKERS AND STOCKYARDS PROGRAM 2 Testing Agency (Name, address, city, state, zip code, telephone number, and								3 Scale Owner						
e-mail address):								4 Address						
								5 City 6 County 7 State						
								8 Scale Location						
								9 Address						
								10 City						
								13 Date Test Weights Were Last Verified						
14 Test Date 15 Last Test Date (mm/dd/yyyy) (mm/dd/yyyy				<u>()</u>				s 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 Typ	pe of Indicator: am 🔲 Dial 🔲 Digital 🖵 Printer		23 Is the Scale Connected to a Computer? ☐ Yes ☐ No			24 Serial Number			
								RESULTS			1			
25 SR (Sensitivi	ity Respon	se) Or I	Discriminati	on Test				26 Scale Cond	lition As Found		27 Zero Ba	27 Zero Balance As Found		
Zero Load =	Maximum	n Load = lb. NER TEST				20 INCREASING LC			AD TEST (continued)					
Position	(a) Balance Weights		(b) (c) Test We				(e) Error	(a) Feed	(b) Balance Weights	(c) Test Weights	(d) Weight Indication	(e) Error t Weights	(f) Error	
Corner 1	vvcigii	1.5	vvoigni	maica	lion	(103.)			Worging	vvoigitis	maicanc	(103.)		
Corner 2														
Corner 3														
Corner 4														
29 INCREASING LOAD TEST														
a Feed	b Balance c Test		d Weight		e Error	f Error								
	Weigh	its \	Weights	Indica	tion	Weights (Ibs.)								
						(1.551)								
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, a	djustmen	ts, or o												
32 Recommendations for repair, replacement, etc. (Continue on reverse side if necessary):														
33 Receipt of Report Acknowledged (Signature):								34 Scale Inspector (Signature):						
						d scales, and to			o weigh feed wh	en feed weight	is a factor in	determining payme	ent or	

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