OMB Control No. 0580-0015

U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM	**VEHICLE SCALE TEST REPORT**	1 Page No. 2 Date

3 Test Agency *(Name, address, city, state, zip code, phone number, and e-mail address)*	4 Scale Owner *(Name of firm)*		
	5a Scale Location *(Address)*		
	5b *(City)*	5d *(County)*	5e *(State)*
	6 Name and Address of Poultry Processor or Dealer Using Scale		

7 Make of Scale	8 Scale Capacity Lbs.	9 Kind of Indicator	10 Serial Number	11 Minimum Division	12 Balance Indicator *(Make)*
13 Platform Size X Ft.	14 Balance Condition on Arrival Lbs.	15 Type of Levers	16 Pit Depth Ft.	17 Last Date Tested	18 Year Installed

Test Results

Increasing Load Test of Each Section

Test Weights		21 Scale Indication	22 Error	Test Weights		21 Scale Indication	22 Error
19 Position	20 Pounds			19 Position	20 Pounds		
Balance	0						

Strain-Load Test

	Left to Right			Right to Left		
	Section 1	Section 2	Section 3	Section 4	Section 5	Section 6
23 Indicated Weight of Empty Truck						
24 Amount of Test Weight Added						
25 Scale Indication, Truck Plus Weights						
26 Error on Test Weights Added						

27 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 Packers and Stockyards Program regulations (9 CFR 201.71). *(For more information, contact the Business Practices Unit of the Packers and Stockyards Program Regional Office that covers your state.)*

28 Repairs, Adjustments, or Changes Made at This Time *(To be completed by State or scale agency)*:

29 Recommendations for Repair, Replacement, etc. *(Continue on the reverse side if necessary)*

30 Receipt of Report Acknowledged *(Signature)*:	31 Scale Inspector *(Signature)*:

Response is required in order to assure that tests have been made on scales to show their accuracy so that live poultry may be weighed (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.