U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM				Н	OPPER S	PALE TEST REPORT						
2 Testing Agen	су (Name,		state, zip c	ode, telephone	3 Scale Owi	3 Scale Owner						
e-mail address):							4 Address					
						5 City 6 County			7	' State		
						8 Scale Location						
						9 Address						
							10 City 11 County 12 State					
14 Test Date	0	15 Last Test Da	nto 16 Lie	et Times and Day	re Whon Scalo Ir	13 Date Test Weights Were Last Verifie s Not In Use, and Available For Testing			d 17 Scale Capacity (lbs.)			
(mm/dd/yyyy) (mm/dd/yyyy)						That in each and Available For resulting			17 Scale Capacity (153.)			
				ass of Scale:		19 Model Number			20 Scale Division (lbs.)			
21 Scale Manufacturer (Indicator)			☐ Marked III ☐ Not Marked  22 Type of Indicator:			23 Is the Scale Connected to a Computer?			24 Serial Number			
	otaror (maro		☐ Beam ☐ Dial ☐ Digital ☐ Printer			☐ Yes ☐ No			24 Schar Wallisch			
TEST R 25 SR (Sensitivity Response) Or Discrimination Test							RESULTS  26 Scale Condition As Found  27 Zero Balance As Found					
` `	,	lb. Maximum		lh		27 2010 Ballattor / S						
Zero Load =			n Load = lb. NER TEST			29 INCREASING LC			L DAD TEST (continued)			
Position	(a) Balance Weights		(c) Weight Indication	(d) Error Weights (lbs.)	(e) Error	(a) Feed	(b) Balance Weights	(c) Test Weights	(d) Weight Indication	(e) Error Weights (lbs.)	(f) Error	
Corner 1												
Corner 2												
Corner 3												
Corner 4												
29 INCREASING LOAD TEST												
a Feed	b Balance c Test		d Weight e Error f Error		f Error							
	Weights	Weights	Indication	Weights (lbs.)								
				(183.)								
									<u> </u>			
					+							
					-				1			
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:												
, ,	,	J										
32 Recommendations for repair, replacement, etc. (Continue on reverse side if necessary):												
33 Receipt of Report Acknowledged (Signature):						34 Scale Inspector (Signature):  f scales used to weigh feed when feed weight is a factor in determining payment or						
				ed scales, and to			o weigh feed wh	en feed weight	is a factor in d	etermining payn	nent or	

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