OMB Control No. 0580-0015

U.S. DEPARTMI GRAIN INSPECT STOCKYARDS A PACKERS AND S	S AND DN			Н	OPPER SO	CALE TEST REPORT				1 Page No.					
								3 Scale Owner							
e-mail address):								4 Address							
								5 City 6 County					7 S	tate	
									8 Scale Location						
									9 Address						
								10 City 11 County				12 State			
							13 Date Test Weights Were Last Verified								
14 Test Date 15 Last Test D (mm/dd/yyyy) (mm/dd/yyyy)				,						17 Scale Capacity (lbs.)					
			18 Class of Scale: ☐ Marked III ☐ Not Marked				19 Model Number			20 Scale Division (lbs.)					
21 Scale Manufacturer (Indicator)			or)		22 Type of Indicator:			23 Is the Scale Connected to a Computer?			24 Serial Number				
		☐ Beam ☐ Dial ☐ Digital ☐ Printer				Yes No No RESULTS									
25 SR (Sensitivit	ty Respon	se) C	or Discriminat	ion Test	t		1231 1					Balance As Found			
Zero Load =			lh Maximum	ı I oad =	=	lb.									
Zero Load = lb.									29 INCREASING LOAD TEST (continued)						
Position	(a) Balance Weights		(b) Test Weight	(c) Weight Indication		(d) Error Weights <i>(lbs.)</i>	(e) Error	(a) Feed	(b) Balance Weights	(c) Test Weights	(d) Weigh Indication		(e) Error Weights (lbs.)	(f) Error	
Corner 1															
Corner 2															
Corner 3															
Corner 4															
		29	INCREASIN	NG LO	AD TF	ST									
a Feed	b Balance c Test			d We	d Weight e Error f Error										
	Weights		Weights	Indica	ation	Weights (lbs.)									
						(103.)									
												_			
												_			
30 The errors (NIST) Handb <i>Program Regi</i>	ook 44 a	as red				☐ ARE NOT (9 CFR 201.7									
31 Repairs, ac	djustmen	its, o					everse side if r	necessary):							
33 Receipt of Report Acknowledged (Signature):								34 Scale Inspector (Signature):							
						d scales, and to s			o weigh feed wh	en feed weight	is a factor in	detern	nining paymen	nt or	

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