

**Instructions to Complete
Hopper Scale Test Report
Form P&SP-4500**

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below its address.

Regional Offices of the Packers and Stockyards Program Grain Inspection, Packers and Stockyards Administration		
Eastern Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSPAtlantaGA.GIPSA@usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSPDenverCO.GIPSA@usda.gov	Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV	AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI

If you have any questions regarding this form, please contact the regional office of the Packers and Stockyards Program listed above.

Line Number	Subject	Instruction
1	Page Number	The page number is normally 1 of 1. If additional space is needed or when testing multiple indicator/platform installations, number pages identifying the current page number and the total number of pages. For example, page 2 of 3.
2	Testing Agency	Enter the name, address, city, state, zip code, phone number, and e-mail address of the testing agency.
3-7	Scale Owner	Enter the name of the scale owner, and the owner's address, city, county, and state.
8-12	Scale Location	Enter the full address where the scale is located.
13	Verification Date	Enter the date the test weights were last verified.
14	Scale Test Date	Enter the date of the scale test.
15	Last Test Date	Enter the date the scale was last tested.
16	Scale Availability	Enter the days of the week and times during the day when the scale is available for testing.
17	Scale Capacity	Enter the scale capacity (maximum nominal capacity), in pounds.
18	Scale Class	Check the appropriate box to indicate the class of scale (Marked III or Not Marked).

Line Number	Subject	Instruction
19	Model Number	Enter the model number of the indicator found on the I.D. plate.
20	Scale Division	Enter the minimum scale division (or graduation), in pounds.
21	Manufacturer	Enter the name of the manufacturer of the beam, dial, or digital indicator.
22	Indicator Type	Check the appropriate box to indicate if the type of indicator is: Beam, Dial, Digital, or Printer
23	Computer	Check the appropriate box to indicate if the scale is connected to a computer.
24	Serial Number	Enter the serial number of the indicator found on the manufacturer's ID plate.
25	Sensitivity Response	Enter the sensitivity response (SR) on beam scales or the discrimination on dial and digital scales, in pounds, at zero and maximum test loads.
26	Condition	Enter the maintenance condition of the scale as found.
27	Zero Balance	Enter the zero balance as found.
28	Corner Test Data	For each corner tested, enter, in pounds, the balance weights, test weight, weight indication, volume in pounds of error weights removed for the test, and the amount of error. NOTE: The weight shown on the indicator after removing the error weights is NOT entered on the form. The amount of the error will be the difference between column c and the amount shown on the indicator after removing the error weights.
29 a through e	Increasing Load Test Data	For the increasing load test, enter, in pounds, the weight of feed used, balance weights, test weights, weight indication, error weights, and error. NOTE: The weight shown on the indicator after removing the error weights is NOT entered on the form. The amount of the error will be the difference between column d and the amount shown on the indicator after removing the error weights.
30 a through f	Accuracy	Check the appropriate box to indicate if errors are or are not within the accuracy requirements specified in the NIST Handbook 44.
31	Repairs	To be completed by the State or scale testing company. Enter any repairs, adjustments, or changes made during the scale test.
32	Recommendations	To be completed by the State or scale testing company. Enter your recommendations for repair, replacement, or other action for the scale.
33	Acknowledgement	Sign to acknowledge receipt of the completed test report.
34	Signature	The scale inspector must sign the form.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is estimated to average **45 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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