FORM APPROVED OMB NO. 0580-0013 (FGIS-9601)

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 0580-0013. The time required to complete this information collection is estimated to average 2 minutes per response and 2 minutes of recordkeeping, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE	SERIAL NUMBER (Optional)			
GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION	NAME AND LOCATION OF FACILITY			
FEDERAL GRAIN INSPECTION SERVICE FIELD MANAGEMENT DIVISION				
REPAIR/MODIFICATION NOTICE	DATE	TIME	AM	
			PM	
EMERGENCY BREAKDOWN	REQUESTED BY			
EWERGENCY BREARDOWN	PERSON NOTIFIED	<u> </u>		
NON-EMERGENCY BREAKDOWN	T ENGON NOTHINE	,		
MALFU	NCTION NOTED			
HANDLING/DELIVERY SYSTEM				
SCALE(S) SYSTEM				
GRAIN SPILLS(S)				
REMARKS:				
ACTION TO UNTIL REPAIR OR MODIFICATION IS COMPLETED,	BE TAKEN BY FGIS	TON		
UNTIL REPAIR OR MODIFICATION IS COMPLETED,	WEIGHT CERTIFICAT	ION.		
WILL BE DISCONTINUED				
☐ WILL CONTINUE				
WILL CONTINUE UNDER THE FOLLOWING CO	NDTIONS:			
REPAIR/MODIFICATION COMPLETED				
DATE	TIME	∐ AM	□РМ	
		(Name of Official Personnel)	)	

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GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION FEDERAL GRAIN INSPECTION SERVICE FIELD MANAGEMENT DIVISION	NAME AND LOCATION OF FACILITY		
REPAIR/MODIFICATION NOTICE	DATE	TIME	AM PM
☐ EMERGENCY BREAKDOWN	REQUESTED BY	1	
NON-EMERGENCY BREAKDOWN	PERSON NOTIFIE	ΞD	
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☐ WILL BE DISCONTINUED			
☐ WILL CONTINUE			
☐ WILL CONTINUE UNDER THE FOLLOWING CO	ONDTIONS:		
DATE REPAIR/MOD	IFICATION COMPLE		
DATE	TIME	L AM	PM
		(Name of Official Personnel)	
		(. 12	

**Instructions for Use.** To complete the Repair/Modification Notice, enter the following information:

- 1. Enter the scale serial number (optional).
- 2. Enter the name and location of facility.
- 3. Enter the date the form was prepared.
- 4. Enter the time the form was prepared.
- 5. Check block emergency breakdown or non-emergency breakdown.
- 6. Enter the name of official personnel (Supervisor or Scales Specialist) requesting repair or modification.
- 7. Enter the name of elevator person notified.
- 8. Check appropriate block to fit malfunction and explain in remarks what the malfunction is and its location.
- 9. Check appropriate block and explain the conditions under which weighing will continue.
- 10. Enter the date of the completion of repair/modification.
- 11. Enter the time the repair/modification was completed.
- 12. Enter the name of the official inspection personnel who observed the completion of the repair/modification.

**Distribution.** Complete the notice up to, and including, the "Action To Be Taken By FGIS" section. Give the person notified of the necessary repairs or modifications a copy of the notice. After the repairs or changes are made, complete the "Repair/Modification Completed" section of the notice and send a copy to the field office.

## **CONTACT INFORMATION:**

Contact the field office responsible for the geographic area in which the service is provided. Details for these locations can be found at:

http://www.gipsa.usda.gov/GIPSA/webapp?area=forms&subject=landing&topic=fgis

For further information on the Repair/Modification Notice:

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