# Scale Type Evaluation Automatic Hopper Scales

National Marine Fisheries Service P.O. Box 21668 Juneau, AK 99802-1668 (907) 586-7228 FAX (907) 586-7465



I. INFORMATION ABOUT THE SCALE TESTED			
Name of Scale Manufacturer:	Name of Manufacturer's Representative:		
Mailing Address of Scale Manufacturer:	Mailing Address of Representative, if different:		
Model of Scale Submitted for Evaluation:	Telephone Number of Representative:		
Serial Number of Scale Submitted for Evaluation:	FAX Number of Representative:		

# II. INFORMATION ABOUT ALL SCALES Provide information about the scale submitted for evaluation at #1. Identify all other models of scales of the same type of scale that will be covered by laboratory evaluation. Value of Scale Number of Scale Maximum Minimum Minimum Weighment Totalized Load Model Designation Capacity Divisions Divisions 2 3

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VI. GENERAL REQUIREMENTS CHECKLISTAUTOMATIC HOPPER SCALE					
Appendix A reference	Title	+	-	Remarks	
3.3.1.1	General: Indicators and Printers				
3.3.1.2	Values Defined				
3.3.1.3	Units				
3.3.1.4	Value of the Scale Division				
3.3.1.5	Weighing Sequence				
3.3.1.6	Printing Sequence				
3.3.1.7	Printed Information				
3.3.1.8	Permanence of Markings				
3.3.1.9	Range of Indication				
3.3.1.10	Non-Resettable Values				
3.1.1.11	Power Loss				
3.3.1.12	Adjustable Components				
3.3.1.13	Audit Trail				
3.3.1.14.1	Manual Zero Load Adjustment				
3.3.1.14.2	Semi-automatic Zero Load Adjustment				
3.3.1.15	Damping Means				
3.3.1.16	Adjustments to Scale Weights				
3.3.2	Interlocks and Gate Control				
3.3.3	Overfill Sensor				
3.3.4.1	Overload Protection				
3.3.4.2	Adjustable Components				
3.3.4.3	Motion Compensation				
3.3.6	Marking				
3.3.6.1	Presentation				

#### PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 80 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sue Salveson, Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802 (Attn: Lori Durall).

#### ADDITIONAL INFORMATION

Before completing this form please note the following: 1) NMFS cannot conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) this information is being used to manage the At-Sea Scales Program; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required for scales approved by NMFS to weigh catch at sea; 5) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C.1801, et seq.).

## **Instructions**

# Scale Type Evaluation AUTOMATIC HOPPER SCALES

#### Block I. Information about the scale tested.

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This block supplies basic background and contact information so that NMFS can maintain accurate contact records.

Name and mailing address of scale manufacturer

Name, mailing address (if different from manufacturer), telephone and FAX number of manufacturer's representative

Model and serial number of scale submitted for evaluation.

#### Block II. Information about all scales.

More than one model of scale may be evaluated at the same time. However, the models may differ from the model submitted for evaluation only in the elements of the scale that perform motion compensation, the size or capacity of the scale, and the software used by the scale. If other elements differ, a separate application must be completed.

<u>Model Designation</u>: Enter the model name or number that will be visible to the scale inspector and will allow him to clearly determine that the scale he is inspecting is on the list of approved scales.

Maximum capacity: Report in kilograms.

Value of scale divisions: Enter the smallest division displayed by the scale.

<u>Number of scale divisions</u>: Is the maximum capacity divided by the value of scale divisions.

<u>Minimum Weighment</u>: This must not be less than 20 percent of the maximum capacity or less than 100 scale intervals (except the final weighment of a lot).

Minimum Totalized Load: This may not be less than 4 weighments, and should be reported in kilograms.

# **Block III. Information about the certifying laboratory**

Information about the laboratory which performed the laboratory evaluation and type testing. The laboratory must be accredited by the government of the country in which testing was conducted.

Name of laboratory Mailing address, telephone and FAX of laboratory Name and Address of Government Agency accrediting the laboratory

### **Block IV.** Certification of compliance

This block is to certify that the manufacturer's representative believes the scale or scale component is in compliance with regulations at 50 CFR 679 as indicated in the checklist and test report forms.

Signature and printed name of representative. Enter name and signature of person responsible for evaluation of the scale

Date of signature

#### Block V. List of attachments

This block is a checklist of attachments intended to help the manufacturer's representative include the correct documentation that NMFS needs to approve the scale. The information provided must be sufficient to allow NMFS to judge whether the scale is appropriate for its intended use on a vessel at-sea. Requirements for motion compensation are specifically described in Appendix A, section 2.3.2.6.

#### Each scale listed in Block II must be described.

Written description and diagrams of the scale indicating primary features of the scale, how the scale operates, and how the scale compensates for vessel motion.

<u>Describe the difference</u> between the scale submitted for laboratory evaluation and all other scales for which the laboratory evaluation will apply.

<u>Laboratory test results</u>: Verification of test results that a scale meets the laboratory evaluation and testing requirements in appendix A to 50 CFR part 679 and each of the influence quantity and disturbance tests as specified in the annex to appendix A that:

Led to an International Organization of Legal Metrology (OIML) certificate of conformance or

Demonstrates that the scale meets all test requirements in Appendix A or the annex to Appendix A of 50 CFR 679.28. An National Type Evaluation Program (NTEP) certificate will be accepted only for the specific influence factor tests which were conducted to receive the NTEP certificate additional information must be submitted to verify compliance with the laboratory tests that are not performed under the NTEP.

<u>List of adjustments</u>. Enter a list of types of scale adjustments that will be recorded on the audit trail, including the name of the adjustment as it will appear on the audit trail, and a written description of the adjustment. An audit trail in the form of an event logger must be provided to document changes made using adjustable components.

#### Other

This should include any supporting information that will assist NMFS in determining if the scale meets the performance and technical standards.

## Block VI. General Requirements checklist

This checklist is provided for your own convenience and does not need to be submitted to NMFS. Each item on this list is required before a scale may be approved by NMFS. For each item on the checklist, there is a reference to a paragraph of Appendix A to 50 CFR 679.28 (attached). If the scale being evaluated meets that criterion, place a mark in the plus column. If a scale does not meet the criterion, or you are not certain whether it meets the criterion, place a mark in the minus column.