Instructions to Complete Monorail Scale Test Report Form P&SP-4300

The scale inspector or person testing the scale must complete form P&SP-4300 to document the scale tests required by the Packers and Stockyards Program.

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

For more information, see Instructions for Testing Livestock and Animal Scales available from a regional office or via our web site at http://www.usda.gov/gipsa/pubs/live.pdf.

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

| Line No. | Subject | Instruction | | | | | |
|----------|--------------------|--|--|--|--|--|--|
| 1 | Page Number | The page number is normally 1 of 1. If additional space is needed or w | | | | | |
| | | 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 | Test Agency | Enter the name, address, city, state, zip code, phone number, and e-mail | | | | | |
| | | address of the scale test agency. | | | | | |
| 3 - 7 | Scale Owner and | Enter the name of the scale owner and the address, city, county and state | | | | | |
| | Address | where the scale is located. (Directional addresses may be helpful in rural | | | | | |
| | | locations. Attach a separate sheet to the form to provide directions.) | | | | | |
| 8 | Scale Manufacturer | Enter the name of the manufacturer of the beam, dial, or digital indicator. | | | | | |
| 9 | Model Number | Enter the model number of the indicator from the manufacturer's ID plate. | | | | | |
| 10 | Serial Number | Enter the serial number of the indicator found on the ID plate. | | | | | |
| 11 | Class of Scale | Check the appropriate box to indicate whether the class of scale is Marked | | | | | |
| | | III or Not Marked. | | | | | |
| 12 | Type Indicator | Check the appropriate box to indicate whether the type of indicator is | | | | | |
| | | beam, dial, or digital, and check the printer if it has printing capabilities. | | | | | |
| 13 | Scale Location | Check the appropriate box to indicate the location of the scale. | | | | | |
| 14 | Scale Capacity | Enter the maximum weighing capacity of the scale in pounds. | | | | | |
| 15 | Scale Division | Enter the scale division or graduation in pounds. | | | | | |
| 16 | Minimum Tare | Enter the minimum tare division in pounds. | | | | | |
| | Division | - | | | | | |
| 17 | Tare Setting | Enter the tare setting in pounds. | | | | | |

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| Line No. | Subject | Instruction | | | |
|----------|--------------------------|--|--|--|--|
| 18 | Type of Weighing | Check the appropriate box to indicate if the type of weighing is static of | | | |
| | | dynamic. | | | |
| 19 | Species Weighed | Enter the type of livestock weighed. (For example, steers, heifers, cows, | | | |
| | | bulls, calves, hogs, sheep goats, horses, or mules.) | | | |
| 20 | Tare Deduction | Check the appropriate box to indicate how tare is deducted (as per type of | | | |
| | | scale used). | | | |
| 21 | Weighing Speed | If dynamic scale, indicate weighing speed by entering the number of head | | | |
| | | of livestock per hour. | | | |
| 22 | Test Weights | Check the appropriate box to indicate the type of test weights used to test | | | |
| | XX 101 1 TO | the scale. | | | |
| 23 | Verification Date | Enter the date the test weights were last verified. | | | |
| 24 | Test Date | Enter the date you are testing the scale (Month, Day, and Year). | | | |
| 25 | Last Test Date | Enter the date the scale was last tested (Month, Day, and Year). | | | |
| 26 | When Scale is | Enter any times and days when the scale is not in use and therefore | | | |
| 27 | Unavailable | available for testing. | | | |
| 27 | Test Results | The State or scale company conducting the test must complete line 25 by | | | |
| 28 | Type of Test | checking the appropriate box to indicate the results of the test. | | | |
| 29 | Type of Test Sensitivity | Check the appropriate box to indicate whether the test is static or dynamic. | | | |
| 29 | Response (SR) | Enter the sensitivity response (SR) on beam scales, or the discrimination test on dial and digital scales, in pounds at zero and maximum test loads. | | | |
| 30 | Motion Detection | Enter the range, in pounds, (plus – minus) at which motion detection | | | |
| 30 | Wiotion Detection | prevents printing of weight values. | | | |
| 31 | Auto Zero | Enter the range, in pounds, (plus – minus) at which the scale will | | | |
| 31 | Auto Zero | automatically reset to zero for minor balance changes. | | | |
| 32 | Test Weights | It is important that you fill out the test report in the sequence and in the | | | |
| | Test Weights | manner you conducted the test. If you begin a test and determine that the | | | |
| | | scale is defective, and then correct the defective condition, record this in | | | |
| | | sequence on the test report. | | | |
| | | (A) Enter the location or position on the platform of the test weights, | | | |
| | | (B) Enter the amount of test weights on the scale, | | | |
| | | (C) Enter the amount displayed on the scale indicator, and | | | |
| | | (D) Subtract the amount in column B from the amount in column C; | | | |
| | | enter as the error. | | | |
| 33 | Decreasing Load | For dial and digital scales only, enter the test data for the decreasing load | | | |
| | Test and Balance | test and the resulting balance. It is important that you fill out the test | | | |
| | | report in the sequence and in the manner you conducted the test. If you | | | |
| | | begin a test and determine that the scale is defective, and then correct the defective condition, record this in sequence on the test report. | | | |
| | | (E) Enter the location or position on the platform of the test weights, | | | |
| | | (E) Enter the location of position on the platform of the test weights, (F) Enter the amount of test weights on the scale, | | | |
| | | (G) Enter the amount displayed on the scale indicator, and | | | |
| | | (H) Subtract the amount in column B from the amount in column C; | | | |
| | | enter as the error. | | | |
| | | On the balance line, enter the amount the scale indicated after the test. | | | |
| 34 | Remarks | Use the "Remarks" section to enter needed explanations, comments, | | | |
| | | adjustment you made, recommendations needed to correct a defective | | | |
| | | condition, etc. | | | |
| 35 | Receipt Signature | Obtain the signature of the owner or responsible person acknowledging | | | |
| | | that they have received a copy of the Test Report. | | | |
| 36 | Inspector Signature | Sign, as the scale inspector or person(s) testing the scale. | | | |

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| | | | | | | | | | | OMB | Control | l No. 0580-0 | 0015 Expires: | xx/xx/20xx | | |
|---|------------------------|---------------|----------------------|---|-----------------------|-------------------|-------------------------------------|--------------------------------|----------------------------|----------------------|---------------------------|--------------------------------|--------------------------|----------------------------|--|--|
| U.S. DEPAR [.] Grain Inspe Packers a | ECTION, PAC | KERS AND | STOCK | | ADMINI | STRATION | Мо | NORAIL S | CALE TES | | | | ge No. | | | |
| 2 Test Agen | ıcy (Name, | address, | city, sta | ate, zip | code) | | | 3 Scale Own | er | | | | | | | |
| | | | | | | | | 4 Address | | | | | | | | |
| | | | | | | | | 5 City | | 6 (| County | | 7 State | , | | |
| 8 Scale Manufacturer 9 Model Number 10 Serial N | | | | | Number | | | | | | e Indicator _ □ Printer _ | | | | | |
| 13 Scale Location 14 Scale Capacity 15 | | 15 Sca | le Division (d | Marked III Not Marked 16 Minimum Tare Division | | | 17 Tare Setting 18 Type of Weighing | | | | | | | | | |
| □ Kill Floor□ Shipping | ☐ Coole | er | | | Lb | s. | Lb | bs. Lbs. | | | | (As found) Lbs. Static Dynamic | | | | |
| 19 Type of I | _ivestock W | eighed | | | is Tare Button | | ? ☐ Tare Ba ☐ Zero Kn | r & Poise ob or Screw` | ☐ Tare Modu☐ Balance B | ule □ In all □ By | | nting 21.W outer hour) | eighing Speed (| (head per /Hour | | |
| | | | | | | | | And Measures | | | ghts We | ere Last Ver | rified | 711001 | | |
| 24 Test (mm/dd/ | | | t Test D /dd/yyyy | | 26 Tim | | ys When Sca | le is Not in Use | e and Availab | le for | | 27 | Test Results | | | |
| (11111) (111) | ,,,,, | (,,,,, | ,, , , , , , , | , | | 9. | | | | | | ☐ Approved ☐ Condemned | | | | |
| | | | | | | | т | est Data | | | шк | Rejected [| ■ Other | | | |
| 28 Type of | Гest | | (Sensiti | ivity Re | esponse | e) Or Discri | | 30 Motion De | etection | | | 31 AZSM | // (auto zero sett | ing mech.) | | |
| ☐ Static ☐ | 1 Dynamic | Test Zero Loa | ıd = | LI | bs. Maxi | imum Load = _ | Lbs. | Range = | | Lbs. | | Range | = | Lbs. | | |
| 32 Test | 2 Test Weights 32 Test | | | | | t Weights | 32 Test | | | | Neights | eights | | | | |
| Position (32a) | Pounds (32b) | Eler | ating ment 2c) | (Po | rror unds) 32d) | Position (32a) | Pounds (32b) | Indicating Element (32c) | Error (Pounds) (32d) | Positi (32a | | Pounds (32b) | Indicating Element (32c) | Error (Pounds) (32d) | | |
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| | | | | | | | | | | 33 🛭 | Decreas | sing Load Te | est (Dial and Dig | gital Only) | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Balance | : | | | | | |
| 34 Remarks | S | | | | | | | | | | | | | | | |
| 35 Receipt | of Report A | cknowled | dged (S | ignatu | re): | | | 36 Scale | Inspector (Signature) | ignature): | | | | | | |
| | | | | | | | | | | | | | | | | |

Response is required in order to assure that tests and inspections have been made on scales to show their accuracy so that livestock carcasses may be weighed (9 CFR 201.72). Information held confidential (9 CFR 201.96).

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