

**Instructions to Complete
Vehicle Scale Test Report
Form P&SP-4400**

The scale inspector or person testing the scale must complete form P&SP-4400 to document the scale tests required by the Packers and Stockyards Program.

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

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 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	Date	Enter date scale test conducted.
3	Scale Owner	Enter name of firm.
4	Scale Location	Enter full address of scale being tested, including street address, city, county, and state.
5	Processor or Dealer Name and Address	Enter name and address of poultry processor or dealer using scale.
6	Test Agency	Enter name and address of firm conducting the test.
7	Make of Scale	Enter manufacturer of indicator.
8	Scale Capacity	Enter how much scale is capable of weighing.
9	Kind of Indicator	Enter digital, dial, or beam to indicate the kind of indicator on the scale.
10	Serial Number	Enter serial number of indicator being tested.
11	Minimum Division	Enter minimum graduation. For example, 10 lbs, or 20 lbs.
12	Balance Indicator	If applicable, enter the make or manufacturer of the balance indicator.
13	Platform Size	Enter length and width of platform, in feet.
14	Balance	Enter the balance condition of indicator on inspector's arrival, in pounds.
15	Type of Levers	Enter mechanical, electro-mechanical, or load cell.
16	Pit Depth	If indicator is below ground, enter depth of pit in feet.
17	Last Date Tested	Enter the date of the last vehicle scale test.
18	Year Installed	Enter the year the indicator was installed at the current location.

Line No.	Subject	Instruction
19	Test Position	Enter the section of the scale (left to right looking from the scale indicator) used for the test.
20	Test Weights	Enter the weight of test in pounds.
21	Scale Indication	Enter the indicated weight amount in pounds.
22	Error	Enter the difference of test weights and scale indication in pounds.
23	Empty Truck Weight	Enter the indicated weight of empty truck in pounds.
24	Test Weights	Enter the amount of test weights added in pounds.
25	Scale Indication	Enter the scale indication, truck plus weights in pounds.
26	Error on Test Weights	Enter the error on test weights added in pounds.
27	Accuracy	For any errors listed above, check the appropriate box to indicate if they are or are not within the accuracy requirements prescribed by the Packers and Stockyards Program.
28	Repairs, Adjustments, or Changes	To be completed by the State or scale company that conducted the test. Enter any repairs, adjustments, or changes made during the scale test.
29	Recommendations for Repair or Replacement	To be completed by the State or scale company that conducted the test. Enter your recommendations for repair, replacement, or other action for the scale.
30	Receipt Signature	If available, have the scale owner or officer sign the form; their signature is not required.
31	Inspector Signature	The official that conducted the test must sign the form.

U.S. DEPARTMENT OF AGRICULTURE
GRAIN INSPECTION, PACKERS AND
STOCKYARDS ADMINISTRATION
PACKERS AND STOCKYARDS PROGRAM

VEHICLE SCALE TEST REPORT

1 Page No.

2 Date

3 Test Agency (Name, address, city, state, zip code, phone number, and e-mail address)

4 Scale Owner (Name of firm)

5a Scale Location (Address)

5b (City)

5d (County)

5e (State)

6 Name and Address of Poultry Processor or Dealer Using Scale

7 Make of Scale

8 Scale Capacity

9 Kind of Indicator

10 Serial Number

11 Minimum Division

12 Balance Indicator
(Make)

13 Platform Size

14 Balance Condition on
Arrival

15 Type of Levers

16 Pit Depth

17 Last Date Tested

18 Year Installed

X Ft.

Lbs.

Ft.

Test Results

Increasing Load Test of Each Section

Test Weights		21 Scale Indication	22 Error	Test Weights		21 Scale Indication	22 Error
19 Position	20 Pounds			19 Position	20 Pounds		
Balance	0						

Strain-Load Test

	Left to Right			Right to Left		
	Section 1	Section 2	Section 3	Section 4	Section 5	Section 6
23 Indicated Weight of Empty Truck						
24 Amount of Test Weight Added						
25 Scale Indication, Truck Plus Weights						
26 Error on Test Weights Added						

27 The errors indicated on this test report ARE ARE NOT within the accuracy requirements specified in National Institute of Standards and Technology (NIST) Handbook 44 as required by the Packers and Stockyards Program regulations (9 CFR 201.71). (For more information, contact the Business Practices Unit of the Packers and Stockyards Program Regional Office that covers your state.)

28 Repairs, Adjustments, or Changes Made at This Time (To be completed by State or scale agency):

29 Recommendations for Repair, Replacement, etc. (Continue on the reverse side if necessary)

30 Receipt of Report Acknowledged (Signature):

31 Scale Inspector (Signature):

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

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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