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 Western Regional Office Midwestern Regional Off								
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 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	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	No. 0580-0	0015 Expires:	xx/xx/20xx
U.S. DEPARTMENT OF AGRICULTURE GRAIN INSPECTION, PACKERS AND STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM					Мо	NORAIL S	CALE TES				ge No.			
2 Test Agency (Name, address, city, state, zip code)							3 Scale Owner							
								4 Address						
								5 City		6 (County		7 State)
8 Scale Manufacturer 9 Model Number 10 Serial N						Number						Indicator Printer		
		le Division (d)				d Beam Dial Digital 17 Tare Setting (As found) 18 Type of Weighing								
Shipping	□ Coole				Lb			os.		Lbs.	Lbs. Static Dynamic Accounting 21.Weighing Speed (head per			
19 Type of L	ivestock W	eighed			is Tare Button		? □ Tare Ba □ Zero Kn	r & Poise ob or Screw`	☐ Tare Modu☐ Balance B	ule ⊔ In all □ By		uter hour		(head per /Hour
								And Measures			ghts We	ere Last Ver	rified	
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	7 Test Results	
•		,			`				☐ Approved ☐ Condemned ☐ Rejected ☐ Other					
							Т	est Data			.	icjected (- Other	
28 Type of T	Γest	29 SR Test	(Sensiti	ivity Re	esponse	e) Or Discri	mination	30 Motion Detection				31 AZSM	31 AZSM (auto zero setting	
☐ Static ☐	Dynamic	Zero Loa	d =	LI	bs. Maxi	mum Load = _	Lbs.	Range =		Lbs.		Range	=	Lbs.
32 Test	Weights	s 32 Test					t Weights	32 Tes				Veights		_
Position (32a)	Pounds (32b)	Eler	ating ment 2c)	(Po	rror unds) 32d)	Position (32a)	Pounds (32b)	Indicating Element (32c)	Error (Pounds) (32d)	Posit		Pounds (32b)	Indicating Element (32c)	Error (Pounds) (32d)
										33 [Decreas	sing Load Te	est (Dial and Di	gital Only)
34 Remarks										Balance	!			
34 Remarks	•													
35 Receipt	of Report A	cknowled	dged (Si	ignatui	re):			36 Scale	Inspector (Si	gnature):				

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).

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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