Instructions to Complete Hopper Scale Test Report Form P&SP-4500

Mail the completed form to the appropriate regional office of the Packers and Stockyards Program 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 Office		
Suite 230	3950 Lewiston St., Suite 200	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,	AK, AZ, CA, CO, HI, ID, KS,	IA, IL, IN, KY, OH, MI, MO,		
LA, MA, MD, ME, MS, NC,	MT, NM, NV, OK, OR, TX, UT,	MN, ND, NE, SD, WI		
NH, NJ, NY, PA, RI, SC, TN,	WA, WY			
VA, VT, WV				

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

Line	Subject	Instruction
Number		
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	Testing Agency	Enter the name, address, city, state, zip code, phone number,
		and e-mail address of the testing agency.
3-7	Scale Owner	Enter the name of the scale owner, and the owner's address,
		city, county, and state.
8-12	Scale Location	Enter the full address where the scale is located.
13	Verification Date	Enter the date the test weights were last verified.
14	Scale Test Date	Enter the date of the scale test.
15	Last Test Date	Enter the date the scale was last tested.
16	Scale Availability	Enter the days of the week and times during the day when the
		scale is available for testing.
17	Scale Capacity	Enter the scale capacity (maximum nominal capacity), in
		pounds.
18	Scale Class	Check the appropriate box to indicate the class of scale
		(Marked III or Not Marked).

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Line Number	Subject	Instruction	
19	Model Number	Enter the model number of the indicator found on the I.D. plate.	
20	Scale Division	Enter the minimum scale division (or graduation), in pounds.	
21	Manufacturer	Enter the name of the manufacturer of the beam, dial, or digital indicator.	
22	Indicator Type	Check the appropriate box to indicate if the type of indicator is: Beam, Dial, Digital, or Printer	
23	Computer	Check the appropriate box to indicate if the scale is connected to a computer.	
24	Serial Number	Enter the serial number of the indicator found on the manufacturer's ID plate.	
25	Sensitivity Response	Enter the sensitivity response (SR) on beam scales or the discrimination on dial and digital scales, in pounds, at zero and maximum test loads.	
26	Condition	Enter the maintenance condition of the scale as found.	
27	Zero Balance	Enter the zero balance as found.	
28	Corner Test Data	For each corner tested, enter, in pounds, the balance weights, test weight, weight indication, volume in pounds of error weights removed for the test, and the amount of error. NOTE: The weight shown on the indicator after removing the error weights is NOT entered on the form. The amount of the error will be the difference between column c and the amount shown on the indicator after removing the error weights.	
29 a through	Increasing Load Test Data	For the increasing load test, enter, in pounds, the weight of feed used, balance weights, test weights, weight indication, error weights, and error.	
e		NOTE: The weight shown on the indicator after removing the error weights is NOT entered on the form. The amount of the error will be the difference between column d and the amount shown on the indicator after removing the error weights.	
30 a through f	Accuracy	Check the appropriate box to indicate if errors are or are not within the accuracy requirements specified in the NIST Handbook 44.	
31	Repairs	To be completed by the State or scale testing company. Enter any repairs, adjustments, or changes made during the scale test.	
32	Recommendations	To be completed by the State or scale testing company. Enter your recommendations for repair, replacement, or other action for the scale.	
33	Acknowledgement	Sign to acknowledge receipt of the completed test report.	
34	Signature	The scale inspector must sign the form.	

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OMB Control No. 0580-0015 Expires: xx/xx/20xx U.S. DEPARTMENT OF AGRICULTURE 1 Page No. GRAIN INSPECTION, PACKERS AND HOPPER SCALE TEST REPORT STOCKYARDS ADMINISTRATION PACKERS AND STOCKYARDS PROGRAM 2 Testing Agency (Name, address, city, state, zip code, telephone number, and 3 Scale Owner e-mail address): 4 Address 5 City 7 State 6 County 8 Scale Location 9 Address 10 City 11 County 12 State 13 Date Test Weights Were Last Verified 14 Test Date 15 Last Test Date 16 List Times and Days When Scale Is Not In Use, and Available For Testing 17 Scale Capacity (lbs.) (mm/dd/yyyy) (mm/dd/yyyy) 18 Class of Scale:

Not Marked 19 Model Number 20 Scale Division (lbs.) 21 Scale Manufacturer (Indicator) 22 Type of Indicator: 23 Is the Scale Connected to a Computer? 24 Serial Number ☐ Beam ☐ Dial ☐ Digital ☐ Printer □ No TEST RESULTS 25 SR (Sensitivity Response) Or Discrimination Test 26 Scale Condition As Found 27 Zero Balance As Found Zero Load = lb. Maximum Load = lb. 28 CORNER TEST 29 INCREASING LOAD TEST (continued) Position (d) Error (e) Error (e) (a) Feed (b) (f) (a) (b) (c) (c) (d) Balance Test Weight Weights Error Balance Test Weight Weights Error Weights Weights Indication Weights Weight Indication (lbs.) (lbs.) Corner 1 Corner 2 Corner 3 Corner 4 29 INCREASING LOAD TEST a Feed b Balance d Weight e Error f Error c Test Indication Weights Weights Weights (lbs.) 30 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 regulations (9 CFR 201.71). (For more information, contact the Business Practices Unit of the Packers and Stockyards Program Regional Office.) 31 Repairs, adjustments, or changes made at this time: 32 Recommendations for repair, replacement, etc. (Continue on reverse side if necessary):

Response is required to assure that tests are made on feed scales, and to show accuracy of scales used to weigh feed when feed weight is a factor in determining payment or settlement for livestock or live poultry. (9 CFR 201.72.) Information held confidential (9 CFR 201.96).

34 Scale Inspector (Signature):

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33 Receipt of Report Acknowledged (Signature):

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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