OMB Control No. 0581-0308

					•			ontrol No. 0581-0508	
U.S. DEPARTM					Нор	per Test Repo	ort 1. Pag	je	
AGRICULTURAL MARKETING SERVICE FAIR TRADE PRACTICES PROGRAM									
PACKERS AND	STOCKYAI	RDS DIV	VISION						
2a. Test Agency					3a. Scale Owner	3a. Scale Owner			
b. Address					b. Physical Address of Scale				
c. City d. State e.		e. Phone f. E-mail		c. City			d. State		
4. Indicator Manufacturer 5. Serial Number					6. Model Number 7. Type of Indicator Beam Dial Digital				
8. Scale Capacity 9. Scale Di		ale Divi	sion	10. Accuracy Class	11. Scale and Com	11. Scale and Computer interfaced Yes No			
lbs.				Not Marked	If was list quat	If yes, list system			
	(11)	12							
12. Test Date (m	nm/dd/yyyy)	13.	Previous I	est Date (mm/dd/yyyy)					
					Test Data				
14. SR (Sensitivity Response) or Discrimination Test – As Found Zero					Load = 1		Maximum Load =	lb.	
			g Load Test	1			asing Load Test		
Feed (15a)	Balance W (15b)	•	Test Weig (15c)	hts Error Weights (lbs.) (15d)	Feed (15a)	Balance Weights (15b)	Test Weights (15c)	Error Weights (lbs.) (15d)	
(104)	(150)	,	(150)	(105.) (150)	(154)	(155)	(150)	(105.) (150)	
16. Test Results	Marking	annros	red indicate	s that the errors ind	icated on this test rep	ort are within the	e Approv	ved	
10. Test Results					stitute of Standards				
(NIST) Handbook 44 as required in the regulation							🗌 Rejecte	ed	
							□ Other		
17. Remarks (If	serial num	ber has	changed, pl	ease note here)					
18. Receipt of Report Acknowledged (Signature):					19. Scale Inspecto	19. Scale Inspector (Signature):			
				scales, and to show accunformation held confider	tracy of scales used to we tail (9 CFR 201.96).	righ feed when feed we	eight is a factor in determ	ining payment or	
According to the Pa	aperwork Redu	ction Act	t of 1995, an a	gency may not conduct of	or sponsor, and a person i	is not required to resp	ond to, a collection of inf	formation unless it	
displays a valid OM	IB control nun	nber. The	e valid OMB c	ontrol number for this in	formation is 0581-0308.	The time required to	complete this information	on collection is	
estimated to averag completing and rev				e time for reviewing inst	ructions, searching existi	ng data sources, gathe	ering and maintaining the	data needed, and	
· · · ·	-								
					l rights regulations and perior civil rights activity. (1)				

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Instructions to Complete Hopper Scale Test Report Form PSD 4500

Submit the completed form to the appropriate regional office of the Packers and Stockyards Division as listed below. The states covered by each regional office are listed below its address.

Regional Offices of the Packers and Stockyards Division Agricultural Marketing Service, Fair Trade Practices Program						
Agricultural Atlanta Regional Office	Denver Regional Office	Des Moines Regional Office				
75 Ted Turner Dr., SW, Suite 230	3950 Lewiston St., Suite 200	210 Walnut Street, Room 317				
Atlanta, GA 30303-3308	Aurora, CO 80011-1556	Des Moines, IA 50309-2110				
Telephone: (404) 562-5840	Telephone: (303) 375-4240	Telephone: (515) 323-2579				
FAX: (404) 562-5848	FAX: (303) 371-4609	FAX: (515) 323-2590				
e-mail:	e-mail:	e-mail:				
PSDAtlantaGA@ams.usda.gov	PSDDenverCO@ams.usda.gov	PSDDesMoinesIA@amsusda.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, MI, MO, MN, ND,				
LA, MA, MD, ME, MS, NC, NH,	MT, NM, NV, OK, OR, TX, UT,	NE, OH, SD, WI				
NJ, NY, PA, PR, RI, SC, TN, VA,	WA, WY					
VT, WV						

If you have any questions regarding this form, please contact the appropriate regional office of the Packers and Stockyards Division listed above. If additional forms are needed, please visit our website at <u>https://www.ams.usda.gov/</u>.

Line Number	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 a. through e.	Testing Agency, Address, City, State, Phone, and Email	Enter the name, address, city, state, zip code, phone number, and e-mail address of the scale test agency
3 a through e.	Scale Owner, Address, City, State, Phone, and Email	Enter the name, address, city, state, zip code, phone number, and e-mail address of the scale owner or operator.
4	Indicator Manufacturer	Enter the name of the manufacturer of the beam, dial or digital indicator
5	Serial Number	Enter the serial number of the indicator being tested. If the serial number has changed since the last test, show the previous serial number in the remarks.
6	Model Number	Enter the model number from the manufacturer's ID plate.

Line Number	Subject	Instruction		
7	Type of Indicator	Check the appropriate box to indicate the type of indicator		
8	Scale Capacity	Enter the total scale capacity (maximum nominal capacity), in pounds.		
9	Scale Division	Enter the minimum scale division quantity, in pounds.		
10	Accuracy Class	Check the appropriate box to indicate the class of scale (Marked III or Not Marked).		
11	Computer	Indicate if the scale is interfaced with a computer. If yes,		
	Interfaced	list the computer system used.		
12	Test Date	Enter the date (month, day, and year) you tested the scale.		
13	Last Test Date	Enter the date (month, day, and year) the scale was last tested.		
		Test Data		
14	Sensitivity Response or Discrimination	Enter the sensitivity response (SR) on beam scales or the discrimination on dial and digital scales, in pounds, at zero and maximum test loads.		
15 a. through d.	Increasing load test	For the increasing load test, enter, in pounds, the weight of feed used, balance weights, test weights, weight indication, error weights, and error.		
u.		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.		
16	Test Results	The State official or the scale company that conducted the test enters the test results.		
17	Remarks	Use the "Remarks" section to enter needed explanations, comments, adjustments you made, recommendations needed to correct a defective condition, etc. If the serial		
18	Receipt Signature	The owner or responsible person must sign the form acknowledging receipt of a copy of the test report form.		
19	Inspector Signature	The scale inspector or person(s) testing the scale must sign the test report form.		