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| U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FAIR TRADE PRACTICES PROGRAM PACKERS AND STOCKYARDS DIVISION | | | | <h3 style="margin:0;">Hopper Test Report</h3> | | 1. Page | | |
| 2a. Test Agency | | | | 3a. Scale Owner | | | | |
| b. Address | | | | b. Physical Address of Scale | | | | |
| c. City | | d. State | e. Phone | f. E-mail | | c. City | | d. State |
| 4. Indicator Manufacturer | | 5. Serial Number | | 6. Model Number | 7. Type of Indicator | | | |
| | | | | | <input type="checkbox"/> Beam <input type="checkbox"/> Dial <input type="checkbox"/> Digital | | | |
| 8. Scale Capacity | 9. Scale Division | | 10. Accuracy Class | | 11. Scale and Computer interfaced | | | |
| lbs. | lbs. | | <input type="checkbox"/> Not Marked <input type="checkbox"/> Marked III | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list system _____ | | | |
| 12. Test Date (mm/dd/yyyy) | | 13. Previous Test Date (mm/dd/yyyy) | | | | | | |

Test Data

| | | | | | | | |
|---|--------------------------|-----------------------|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 14. SR (Sensitivity Response) or Discrimination Test – As Found | | | | Zero Load = _____ lb. | | Maximum Load = _____ lb. | |
| 15. Increasing Load Test | | | | 15. Increasing Load Test | | | |
| Feed (15a) | Balance Weights (15b) | Test Weights (15c) | Error Weights (lbs.) (15d) | Feed (15a) | Balance Weights (15b) | Test Weights (15c) | Error Weights (lbs.) (15d) |
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| 16. Test Results | Marking approved indicates that the errors indicated on this test report are within the accuracy requirements specified in National Institute of Standards and Technology (NIST) Handbook 44 as required in the regulations (9 CFR 201.71) | <input type="checkbox"/> Approved <input type="checkbox"/> Condemned <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____ |
|------------------|--|--|

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|--|
| 17. Remarks (If serial number has changed, please note here) |
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| 18. Receipt of Report Acknowledged (Signature): | 19. Scale Inspector (Signature): |
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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).

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 is 0581-0308. The time required to complete this information collection is estimated to average .75 hours 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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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 | | |
|---|---|--|
| Atlanta Regional Office 75 Ted Turner Dr., SW, Suite 230 Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSDAtlantaGA@ams.usda.gov | Denver Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSDDenverCO@ams.usda.gov | Des Moines Regional Office 210 Walnut Street, Room 317 Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSDDesMoinesIA@ams.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, PR, 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, MI, MO, MN, ND, NE, OH, SD, WI |

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 <https://www.ams.usda.gov/>.

| 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 Interfaced | Indicate if the scale is interfaced with a computer. If yes, 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. 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. |