

|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------|-------------------------------------|-------------------------------------|-----------------------|--------------------------|--|
| U.S. DEPARTMENT OF AGRICULTURE<br>AGRICULTURAL MARKETING SERVICE<br>FEDERAL GRAIN INSPECTION SERVICE<br><br>SCALE TEST REPORT - VEHICLE                                             |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | LAST DATE TESTED                    | TEST DATE                           | PAGE _____ OF _____   |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | MANUFACTURER                        | MODEL OF SCALE                      | TEST NO.              |                          |  |
| TESTING AGENCY(INSPECTOR'S NAME, ADDRESS)                                                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | SCALE CAPACITY                      | MINIMUM DIVISION                    | SCALE CODE NO.        |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | PLATFORM SIZE                       | CLC                                 | SERIAL NO.            |                          |  |
| INSPECTOR                                                                                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | SCALE TYPE                          |                                     |                       | LOAD CELL CAPAC.         |  |
| TELEPHONE                                                                                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| FIELD OFFICE LOCATION                                                                                                                                                               |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | <input type="checkbox"/> FULL ELEC. | <input type="checkbox"/> ELEC. DIAL |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | <input type="checkbox"/> LEVER      | <input type="checkbox"/> MECH. DIAL |                       |                          |  |
| SCALE OWNER                                                                                                                                                                         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| SCALE LOCATION (ADDRESS)                                                                                                                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | TEST WEIGHT INFORMATION             |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | TEST WEIGHT OWNER                   |                                     |                       | TYPE AND MFG.            |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | TOTAL WEIGHT                        |                                     |                       | LAST REVERIFICATION DATE |  |
| TEST RESULTS                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| SENSITIVITY                                                                                                                                                                         |             | DISCRIMINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |        | SCALE CONDITION AS FOUND            |                                     | ZERO BALANCE AS FOUND |                          |  |
| ZERO CAP.                                                                                                                                                                           |             | ZERO CAP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |        |                                     |                                     |                       |                          |  |
| SHIFT TEST                                                                                                                                                                          | BAL.        | SEC. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SEC. 2                | SEC. 3 | SEC. 4                              | SEC. 5                              | SEC. 6                | BAL.                     |  |
| DIRECTION                                                                                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| SECTION TEST                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| INCREASING LOAD TEST                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | STRAIN LOAD TEST                    |                                     |                       |                          |  |
| LOAD                                                                                                                                                                                | TEST WEIGHT | WEIGHT INDICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ERROR WEIGHT          | ERROR  | FACTORS                             |                                     | TEST NO. 1            | TEST NO. 2               |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | EMPTY TRUCK WEIGHT                  |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | TEST WEIGHT ADDED                   |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | TRUCK AND WEIGHT INDICATION         |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | ERROR ON WEIGHT ADDED               |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | CONDITION OF PIT                    |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | CONDITION OF APPROACHES             |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | CONDITION OF PLATFORM               |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | KIND OF DRAINAGE                    |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
|                                                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | RECORD BALANCE CHANGE               |                                     |                       | lb                       |  |
| THE ERRORS IN THIS SCALE AS INDICATED ABOVE <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| WITHIN THE ACCURACY REQUIREMENTS PRESCRIBED BY THE FEDERAL GRAIN INSPECTION SERVICE                                                                                                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| REPAIRS, ADJUSTMENTS, MODIFICATIONS OR RECOMMENDATIONS MADE AT THIS TIME:                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| Return completed form to the above Field Office.                                                                                                                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| NEXT TEST IN: <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 45 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        |                                     |                                     |                       |                          |  |
| APPLICABLE TOLERANCE ( "x" one)                                                                                                                                                     |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APPROVAL SEAL APPLIED |        |                                     | DATE:                               |                       | REJECTION TAG NO.        |  |
| <input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> MAINTENANCE                                                                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BY                    |        |                                     |                                     |                       |                          |  |
| RECEIPT OF REPORT ACKNOWLEDGED (Signature)                                                                                                                                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |        | FGIS WITNESS (Signature)            |                                     |                       |                          |  |
| FORM FGIS-965-2 (1/18)<br>Previous editions are obsolete.<br>Expires XX-XX                                                                                                          |             | FORM APPROVED OMB NO. 0581-0309: 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 0581-0309. The time required to complete this information collection is estimated to average 2 hours per response and 1 minute of recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |                       |        |                                     |                                     |                       |                          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------------|-----------------------------|--|
| U.S. DEPARTMENT OF AGRICULTURE<br>Agricultural Marketing Service<br>FEDERAL GRAIN INSPECTION SERVICE<br>FIELD MANAGEMENT DIVISION<br><br><b>SCALE TEST REPORT - VEHICLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                               |              | LAST DATE TESTED <b>5</b>                                                                                                                         |                             | TEST DATE <b>6</b>                 |                                 | PAGE <b>7</b> OF <b>7</b>   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              | MANUFACTURER <b>8</b>                                                                                                                             |                             | MODEL OF SCALE <b>9</b>            |                                 | SCALE CODE NO. <b>10</b>    |  |
| TESTING AGENCY (INSPECTOR'S NAME, ADDRESS) <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                               |              | SCALE CAPACITY <b>11</b>                                                                                                                          |                             | MINIMUM DIVISION <b>12</b>         |                                 | SERIAL NO. <b>13</b>        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              | PLATFORM SIZE <b>17</b>                                                                                                                           |                             | CLG <b>16</b>                      |                                 | SCALE NO. <b>15</b>         |  |
| INSPECTOR TELEPHONE <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                               |              | SCALE TYPE <b>14</b>                                                                                                                              |                             | LOAD CELL CAPAC. <b>19</b>         |                                 |                             |  |
| FIELD OFFICE LOCATION <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                               |              | <input type="checkbox"/> FULL ELEC. <input type="checkbox"/> ELEC. DIAL<br><input type="checkbox"/> LEVER TR. <input type="checkbox"/> MECH. DIAL |                             |                                    |                                 |                             |  |
| SCALE OWNER <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                               |              | TEST WEIGHT OWNER <b>22</b>                                                                                                                       |                             | TYPE AND MFG. <b>21</b>            |                                 |                             |  |
| SCALE LOCATION (ADDRESS) <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                               |              | TOTAL WEIGHT <b>23</b>                                                                                                                            |                             | LAST REVERIFICATION DATE <b>24</b> |                                 |                             |  |
| <b>TEST RESULTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| SENSITIVITY ZERO <b>27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | DISCRIMINATION ZERO <b>28</b> |              | SCALE CONDITION AS FOUND <b>29</b>                                                                                                                |                             |                                    | ZERO BALANCE AS FOUND <b>30</b> |                             |  |
| SHIFT TEST DIRECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | BAL.                          |              | SEC. 1                                                                                                                                            |                             | SEC. 2                             |                                 | SEC. 3                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| SECTION TEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| <b>INCREASING LOAD TEST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                               |              |                                                                                                                                                   | <b>STRAIN LOAD TEST</b>     |                                    |                                 |                             |  |
| LOAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TEST WEIGHT | WEIGHT INDICATION             | ERROR WEIGHT | ERROR                                                                                                                                             | FACTORS                     |                                    | TEST NO. 1                      | TEST NO. 2                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | EMPTY TRUCK WEIGHT          |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | TEST WEIGHT ADDED           |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | TRUCK AND WEIGHT INDICATION |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | ERROR ON WEIGHT ADDED       |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | CONDITION OF PIT            |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | CONDITION OF APPROACHES     |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | CONDITION OF PLATFORM       |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | KIND OF DRAINAGE            |                                    |                                 |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   | RECORD BALANCE CHANGE       |                                    |                                 |                             |  |
| THE ERRORS IN THIS SCALE AS INDICATED ABOVE <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT WITHIN THE ACCURACY REQUIREMENTS<br>PRESCRIBED BY THE FEDERAL GRAIN INSPECTION SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| REPAIRS, ADJUSTMENTS, MODIFICATIONS OR RECOMMENDATIONS MADE AT THIS TIME<br><b>32</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| Return completed form to the above Field Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| NEXT TEST IN <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 45 DAYS <input type="checkbox"/> 60 DAYS <b>33</b> <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 100 DAYS                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |
| APPLICABLE TOLERANCE (1/2" one) <input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> MAINTENANCE <b>34</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                               |              | APPROVAL SEAL APPLIED BY <b>35</b>                                                                                                                |                             | DATE <b>36</b>                     |                                 | REJECTION TAG NO. <b>37</b> |  |
| RECEIPT OF REPORT ACKNOWLEDGED (Signature) <b>38</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                               |              | FORS WITNESS (Signature) <b>39</b>                                                                                                                |                             |                                    |                                 |                             |  |
| <small>FORM APPROVED OMB NO. 0500-0013: According to the Paperwork Reduction Act of 1995, no persons are 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 0500-0013. The time required to complete this information collection is estimated to average 2 hours per response and 1 minute of recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small> |             |                               |              |                                                                                                                                                   |                             |                                    |                                 |                             |  |

## Instructions for Completing FGIS-965-2

- 1        Testing Agency. The name of the organization, name of the person testing, address, and telephone number.
- 2        Field Office Location. The city and state of the field office which has jurisdiction for the scale being tested.
- 3        Scale Owner. Facility name and designation; i.e., Mid-South Grain, House A.
- 4        Scale Location. The street address of the elevator.
- 5        Last Date Tested. Date of the last test.
- 6        Test Date. The month, day, and year of the test.
- 7        Test No. Inspector's assigned serial number, plus consecutive test number for the fiscal year. Cary Brown's assigned serial (which is 1000), the first test of FY 2004, would be: "1001-04", the second would "1002-04", and so forth. In order of testing, regardless whether a hopper, vehicle, or railway track scale test.
- 8        Manufacturer. The name of the company, corporation, person, etc., who manufactured the indicating element.
- 9        Model of scale. The model name, number, or designation which has been assigned by the manufacturer.
- 10       Scale Code No. The code number of the scale which was assigned by the FGIS Policies and Procedures Branch for use in the ADP Scale Test Monitoring System.
- 11       Scale Capacity. The maximum gross load that can be accepted for official weight certification as determined by an official scale inspector.
- 12       Minimum Division. The value of the smallest unit that can be indicated on the primary indicating element during normal weighing.
- 13       Serial No. The nonrepetitive number which was assigned by the manufacturer and affixed to the indicating element or beam.
- 14       Scale Type. Check the appropriate box to indicate whether the scale is full electronic, levertronic, a full capacity beam (FCB) mechanical scale, or a counterpoise (CPB) mechanical scale.
- 15       Scale No. The number assigned to the scale by the owner which usually includes S and/ or R designations to differentiate between shipping and receiving.
- 16       Sectional Capacity. The maximum gross load that can be applied to any one section of the scale without causing structural deflections affecting the accuracy of the scale.
- 17       Platform Size. The length and width of the vehicle scale platform.
- 18       Scale Length. The length of the live track on a railroad track scale.
- 19       Load Cell Capacity. The manufacturer's rated capacity of one of the load cells in the scale system.
- 20       Sectional Test Load. The maximum amount of test standards applied to any one section of a railroad track or vehicle scale.
- 21       Type and Mfg. For vehicle and hopper scales indicate the type of test weights; i.e., fab, basket, cast, etc., and the manufacturer. For railroad track scales check the appropriate box.
- 22       Test Weight Owner. Indicate the test weight owner.
- 23       Total Weight. The total amount of the test weights combined.
- 24       Last Reverification Date. Indicate the month and year of the latest test weight reverification.
- 25       I.D. No. The identification of the test car.
- 26       Number of Weights. The total number of individual weights.
- 27       Sensitivity. The results of the sensitivity check in number of divisions at zero and at capacity.
- 28       Discrimination. The results of the discrimination check in number of divisions at ZERO and at CAPACITY.

- 29        Scale Condition as Found. Indicate the condition of the scale as found. (i.e., water in pit, dirty platform, etc.)
- 30        Zero Balance as Found. The weight indication on the primary indicating element with no load on the load receiving element at the time of starting the official inspection and test.
- 31        Results. Check appropriate box; /x/ ARE-for scales that are within tolerance or have been adjusted to be within tolerance, /x/ ARE NOT-for a scale that cannot be used for official weight certification because it cannot be adjusted or fixed and is consequently REJECTED.
- 32        Remarks. Indicate any repairs, adjustments, modifications, or recommendations. (i.e., scale serviced before test, load cell #2 replaced, A/D converter replaced.)
- 33        Next Test In. Check the appropriate box to indicate approximately when the next test is due.
- 34        Applicable Tolerance. ("X" one.) Indicate which tolerance is to be applied.
- 35        Approval Seal Applied. Indicate the name of the inspector who applied the FGIS Approved Label for Inspected Machinery. If the person is the same as the FGIS witness, just initial.
- 36        Date. Indicate the date of approval.
- 37        Rejection Tag No. Indicate the number of the rejection tag, if applicable.
- 38        Receipt of Report Acknowledged. Signature of the scale owner's representative.
- 39        FGIS Witness. FGIS or delegated official who observed the testing and approval of the scale.
- 40        Test Procedures. See test procedures for vehicle scales in Chapter 3 of the FGIS Weighing Handbook.
- 41        Pretest Inspection. [Make appropriate comments for listed scale conditions for vehicle and railroad track scales \(No pretest inspection area](#)

### **Distribution of FGIS-965-2**

FGIS-965-2 are marked for distribution in the lower right-hand corner of each copy. They shall be distributed as follows:

- 1 Original (white) shall be retained in a separate file at the office (FGIS or State) to which the responsibility for the scale is assigned. The hard copy printed record of the test indications shall be attached to the original.
- 2 First Copy (blue) shall be given or sent to the owner/operator of the scale for their information and records.
- 3 Second Copy (green) shall be sent to the FGIS, Policies and Procedures Branch by the FGIS scale specialist responsible for the scale.
- 4 Third Copy (pink) shall be sent to the FGIS field office, which is responsible for the area in which the scale is located.
- 5 Fourth Copy (yellow) is an extra copy available for an interested party (e.g., State Weights and Measures supervisor or scale service company).

#### **For questions concerning this form contact:**

Joseph Han  
Field Management Division  
Policy, Procedures, and Market Analysis Branch

Email: [joseph.d.han@ams.usda.gov](mailto:joseph.d.han@ams.usda.gov)