

MDSS MONTANA DAKOTA SCALE SERVICE

13217 Hwy 200 • Fairview, Montana 59221 • Phone (406) 742-5944

Invoice Number: ND Public Service
 Commission

Test Report


Operator No.	Date	Date Last Tested (P&S Only)	Check All That Apply			
	3-20-14	11-13	<input type="checkbox"/> Self-Certification	<input type="checkbox"/> Non-Commercial	<input type="checkbox"/> Equipment Repair	<input type="checkbox"/> New Installation
Name of Business			<input checked="" type="checkbox"/> Routine Service	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Semi-Annual	
Location of Device			<input type="checkbox"/> Rejected Equipment	Tag # (Attach)		
Mailing Address			<input type="checkbox"/> Service Contract?	Expires		
City			Variance Posted	Date of Variance		
State			Yes <input type="checkbox"/> No <input type="checkbox"/>	10-31-14		
Zip Code			PSC Device Code	Quantity (of like devices)		
Telephone Number			316	1		

Make(s)	Regulating Element(s)	Serial Number(s)	Lever System
Cardinal	275	C 27512-0059	Full Cell
No. of Sections	<input type="checkbox"/> Monorail/Track	<input type="checkbox"/> MTD	<input type="checkbox"/> Hopper
6	<input type="checkbox"/> Aux. Beam	<input checked="" type="checkbox"/> MT	<input type="checkbox"/> Hanging
	<input type="checkbox"/> Counter Scale	<input type="checkbox"/> Dormant/Deck	<input type="checkbox"/> Other
Capacity & Min. Grad.	Class	Size of Platform	Approaches (Length/Condition)
16000 lb & 20 lb	HTK	11' x 120'	OK Cement Approach
Printer Model	Printer Serial Number	Wind	Temperature
TM 590	345E010624	10-20	40°
SR (Sensitivity Response) OR Discrimination Test	Motion Detection	Device Location	AZSM (auto zero)
ZERO LOAD = _____ lb. LOADED = _____ lb.	Range = 3rd lb.	Inside	Range = 3rd lb.

Device/ Load Position	Amount of Test Equipment Used	Actual Readings		Device/ Load Position	Amount of Test Equipment Used	Actual Readings	
		As Found	As Left			As Found	As Left
LBP #1	10000	0		3rd #1	20000	0	
2	11	0/20		2	11	-20	
3	11	0		3	11	0	
4	11	0/20		4	11	0/20	
5	11	0/20		5	11	0	
6	11	0/20		6	11	0	
7	11	0		BC	0	0	
8	11	0					
9	11	0/20					
10	11	0					
11	11	0					
12	11	0					
DE	0	0					

STRAIN LOAD TEST	Section #	Section #	Section #	Section #
Empty Truck Weight	23080			
Total Test Weight Added	20000	0/20		
Truck Plus Weights	43080/40	0/20		
Error on Added Test Weights				

I hereby declare the statements made here are correct:

Are there any other jurisdictional devices at this location that require testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE ND adjustments made
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected Service Agency (Print) MDSS	
Inspector/Permit Holder Signature <i>[Signature]</i> Permit No. 1484	
Owner - Operator Signature	



MONTANA DAKOTA SCALE SERVICE

13217 Hwy 200 • Fairview, Montana 59221 • Phone (406) 742-5944

Invoice Number:



Test Report

Operator No.	Date	Date Last Tested (P&S Only)	Check All That Apply	
	3-20-14	11-13	<input type="checkbox"/> Self-Certification <input type="checkbox"/> Non-Commercial <input type="checkbox"/> Equipment Repair <input type="checkbox"/> New Installation <input checked="" type="checkbox"/> Routine Service <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Rejected Equipment Tag # (Attach) _____ <input type="checkbox"/> Service Contract? Expires _____	
Name of Business			Variance Posted	
Fairmount Minerals			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Device			Date of Variance	
6350 67 th Ave NW Blairhell ND			10-31-14	
Mailing Address			PSC Device Code	
11933 Bourneville Rd			307	
City	State	Zip Code	Quantity (of like devices)	
Chardon	OH	44024	1	
County	Telephone Number			

Make(s)	Regulating Element(s)	Serial Number(s)	Lever System
Cardinal	225	827512-0058	Full Cell
No. of Sections	<input type="checkbox"/> Monorail/Track <input checked="" type="checkbox"/> MTD <input type="checkbox"/> Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Platform <input type="checkbox"/> Axle Load	Multiple	Pit Depth
7	<input type="checkbox"/> Aux. Beam <input type="checkbox"/> MT <input type="checkbox"/> Hanging <input type="checkbox"/> Counter Scale <input type="checkbox"/> Dormant/Deck <input type="checkbox"/> Other	WA	6"
Capacity & Min. Grad.	Class	Size of Platform	Approaches (Length/Condition)
160000 lb x 20 lb	III	11'0" x 30'	OK Cement & Asphalt
Printer Model	Printer Serial Number	Wind	Temperature
TN-V590	793F010661	10-30	40°
SR (Sensitivity Response) OR Discrimination Test	Motion Detection	Device Location	AZSM (auto zero)
ZERO LOAD = _____ lb. LOADED = _____ lb.	Range = 3d	Inside	Range = 3d

Device/ Load Position	Amount of Test Equipment Used	Actual Readings		Device/ Load Position	Amount of Test Equipment Used	Actual Readings	
		As Found	As Left			As Found	As Left
LBP #1	10000	0		Sec #1	20000	0	
2	11	0		2	11	0	
3	11	0		3	11	0	
4	11	0/120		4	11	+20	
5	11	0		5	11	+20	
6	11	0/120		6	11	+20	
7	11	0		7	11	0/120	
8	11	0		OC	0	0	
9	11	0					
10	11	0/120					
11	11	0					
12	11	0					
13	11	0					
14	11	0					
OC	0	0					

STRAIN LOAD TEST		Section # 1	Section #	Section #	Section #
Empty Truck Weight		23160			
Total Test Weight Added		11000			
Truck Plus Weights		42160			
Error on Added Test Weights					

I hereby declare the statements made here are correct:

Are there any other jurisdictional devices at this location that require testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS & ADJUSTMENTS MADE NO adjustments made
HAS SECURITY SEAL AND STICKER BEEN APPLIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected Service Agency (Print) MDS	
Inspector/Permit Holder Signature [Signature] Permit No. 1494	
Owner - Operator Signature [Signature]	