

MDSS MONTANA DAKOTA SCALE SERVICE

Test Report

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

Date 7-18-14	PSC Device Code 316	No. of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business Fairmont Minerals	Mailing Address 11833 Ravenna Rd		<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
City Chardon OH	State OH	Zip Code 44024	<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
County Blair	Telephone Number		<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
Device Contact/Manager Brian	Cell Number		<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: Oct 31-2014	<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
Email Address			<input checked="" type="checkbox"/> Software is NTEP Approved	<input checked="" type="checkbox"/> Built-In Standards; Date Certified:
Device Location Blair ND			<input checked="" type="checkbox"/> Multiple Decks/Single Indicator	<input checked="" type="checkbox"/> Customer Has Clear View
			<input checked="" type="checkbox"/> Clearance Below Scale Clear	<input checked="" type="checkbox"/> Video Camera Working
			<input checked="" type="checkbox"/> Approach Requirements Met	<input checked="" type="checkbox"/> View Distance > 200'
			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good	<input checked="" type="checkbox"/> Two-Way Audio Working
In Response to PSC Quality Assurance Inspection				

Scale Information

Scale Manufacturer Cummins	Indicator Manufacturer/Model 225	Indicator Serial No. E27512-005R	Weighing Elements Full Cell
Capacity/Divisions/Units 10000 x 20 lb	Legible Label X Y N	Class TTL	Printer Manufacturer/Model Epson TM-V80
Deck Size 11x130"	Clearance (inches) 5 1/2"	Approach - 12' Concrete Level	Printer Serial No. F95F010624
SR or Discrimination Test	Motion Detection	AZSM (Auto Zero)	Hard Surface Approach (Length/Slope/Condition) Level
Zero Load = _____ lb. Loaded = _____ lb.	Range = 300 lb.	Range = 300 lb.	

Test Data

LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/-		LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/-	
		As Found	As Left			As Found	As Left
LBP #1	10000	-20	0	Sec #1	20000	-20	+20
2	11	-20	0	2		-20/-40	0
3	11	-20	0	3		-20	0
4	11	-20	0	4		-20/-40	0
5	11	-20	0	5		-40	0
6	11	-20/-40	0/-20	6		-40	0
7	11	-20	0	BL	0	0	0
8	11	-20	0				
9	11	-20	0				
10	11	-20	0				
11	11	-20	0				
12	11	-20	0				
BL	0	0	0				

Strain Load Test

Section (Increasing or Decreasing)			
Full Truck Weight	43120		
Test Weight	20000		
Empty Truck Weight	23120		
Errors	0		
Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Audit Trail Information: Calib 006 Combes 000	
Seal Date:			
Seal Type:			
Meets tolerances in PSC adopted NIST Handbook 44? <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Acceptance			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken out of Service <input type="checkbox"/> Sticker Applied			

Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.
Tested & calibrated scale to within acceptance tolerance

By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks," the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.

Permit Holder Signature: **[Signature]** Permit No.: **1454**



MDSS MONTANA DAKOTA SCALE SERVICE

Test Report

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

Date: <u>7-18-14</u>	PSC Device Code: <u>3V7</u>	No. of Sections: <u>?</u>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)
Name of Business: <u>Fairmont Minerals</u>			<input checked="" type="checkbox"/> New Installation (w/ RFI Check) <input checked="" type="checkbox"/> Performed Calibration
Mailing Address: <u>11833 Ravenna Rd</u>			<input checked="" type="checkbox"/> Modified Equipment <input checked="" type="checkbox"/> Use as a Reference Scale
City: <u>Charlton</u> State: <u>MT</u> Zip Code: <u>44024</u>			<input checked="" type="checkbox"/> Replaced Existing Equipment <input checked="" type="checkbox"/> Non-Commercial
County: _____ Telephone Number: _____			<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: <u>Oct 31-2014</u>
Device Contact/Manager: <u>Brian</u> Cell Number: _____			<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
Email Address: _____			<input checked="" type="checkbox"/> Software is NTEP Approved
Device Location: <u>Blaisdell #30</u>			<input checked="" type="checkbox"/> Built-In Standards; Date Certified: _____
			<input checked="" type="checkbox"/> Multiple Decks/Single Indicator <input checked="" type="checkbox"/> Customer Has Clear View
			<input checked="" type="checkbox"/> Clearance Below Scale Clear <input checked="" type="checkbox"/> Video Camera Working
			<input checked="" type="checkbox"/> Approach Requirements Met <input checked="" type="checkbox"/> View Distance > 200'
			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good <input checked="" type="checkbox"/> Two-Way Audio Working
			<input checked="" type="checkbox"/> In Response to PSC Quality Assurance Inspection

Scale Information

Scale Manufacturer: <u>Cardinal</u>	Indicator Manufacturer/Model: <u>Cardinal 225</u>	Indicator Serial No.: <u>E19214-0055</u>	Weighing Elements: <u>Full Cell</u>
Capacity/Divisions/Units: <u>10000lb/1000lb</u>	Legible Label: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Class: <u>III-2</u>	Printer Manufacturer/Model: <u>Epson Tm-V510</u>	Printer Serial No.: <u>89KE010651</u>
Deck Size: <u>11' x 130'</u>	Clearance (inches): <u>5 1/2</u>	Approach - 12' Concrete Level: <u>Yes</u>	Hard Surface Approach (Length/Slope/Condition): <u>Good</u>
SR or Discrimination Test: Zero Load = _____ lb. Loaded = _____ lb.	Motion Detection Range = <u>2cl</u> lb.	AZSM (Auto Zero) Range = <u>3cl</u> lb.	

Test Data

LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/-		LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/-	
		As Found	As Left			As Found	As Left
<u>LBP #1</u>				<u>Sec #1</u>	<u>20000</u>		
<u>2</u>				<u>2</u>	<u>11</u>		
<u>3</u>				<u>3</u>	<u>11</u>		
<u>4</u>				<u>4</u>	<u>11</u>		<u>+80</u>
<u>5</u>				<u>5</u>	<u>11</u>		
<u>6</u>				<u>6</u>	<u>11</u>		
<u>7</u>				<u>7</u>	<u>11</u>		
<u>8</u>				<u>8</u>	<u>11</u>		
<u>9</u>				<u>9</u>	<u>11</u>		
<u>10</u>				<u>10</u>	<u>11</u>		
<u>11</u>				<u>11</u>	<u>11</u>		
<u>12</u>				<u>12</u>	<u>11</u>		
<u>13</u>				<u>13</u>	<u>11</u>		
<u>14</u>				<u>14</u>	<u>11</u>		
<u>DC</u>	<u>0</u>	<u>0</u>	<u>0</u>				

Strain Load Test

Section (Increasing or Decreasing)	
Full Truck Weight	<u>43120</u>
Test Weight	<u>20000</u>
Empty Truck Weight	<u>23120</u>
Errors	<u>0</u>
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Seal Date: _____ Seal Type: _____	Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Audit Trail Information: <u>Calib 004 Config 004</u>
Meets tolerances in PSC adopted NIST Handbook 44? <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Acceptance	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Taken out of Service <input type="checkbox"/> Sticker Applied	

Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.

Installed New indicator as other Indicator was bad.

By signing this test report, I declare that I have examined this report and to the best of my knowledge and belief, the report is complete and the facts stated are sufficient, true and correct. I also declare that, except for conditions noted in "Remarks," the device meets the minimum requirements of the State laws and rules, including NIST Handbook 44, for use of the device in commerce.

Permit Holder Signature: _____ Permit No.: 1454
 Operator Signature: _____ Date: _____

