



# Fairbanks Scales

2500 Cleveland Ave N  
St. Paul, MN 55113

651-631-9287

Upon Completion email this document to Shelly Bauske

[sbauske@nd.gov](mailto:sbauske@nd.gov)

Date	PSC Device Code	Number of Sections	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
4/27/2015		6	<input type="checkbox"/> New Installation (w/RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Name of Business			<input type="checkbox"/> Modified Equipment	<input type="checkbox"/> Use as a Reference Scale
Flint Hills Resources			<input type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
Mailing Address			Variance Permit Posted; Expiration Date: _____	
600 Center St			Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
City	State	Zip Code	<input checked="" type="checkbox"/> Software is NTEP Approved	Date Certified: <u>4/27/2015</u>
West Fargo	ND	58078	<input type="checkbox"/> Built-in Standards;	
County	Telephone Number		<input type="checkbox"/> Multiple Decks/Single Indicator	
West Fargo	701-282-4610		<input checked="" type="checkbox"/> Clearance Below Scale Clear	<input checked="" type="checkbox"/> Customer has Clear View
Device Contact Manager	Cell Number		<input checked="" type="checkbox"/> Approach Requirements Met	<input checked="" type="checkbox"/> Video Camera Working
Sarah Haynes			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good	<input type="checkbox"/> View Distance > 200'
Email Address			<input type="checkbox"/> In Response to PSC Quality Assurance Inspection	
Sarah.Haynes@fhr.com				
Device Location				
Scale Office				

Scale Information		Indicator Manufacturer/Model		Indicator Serial Numbers		Weighing Elements	
Fairbanks		Fairbanks FB2550		142760100038		Load Cells	
Capacity/Divisions/Units		Legible Label		Printer Manufacturer/Model		Printer Serial No.	
120,000 x 20lbs.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Epson TM-U295 / M66SA		A8D0183443	
Deck Size		Clearance (inches)		Approach - 12' Concrete Level		Hard Surface Approach (Length/Slope/Cond)	
100 x 10				Good		Good	
SR or Discrimination Test		Motion Detection		AZSM (auto zero)			
Zero Load= _____ lb.		Loaded= _____ lb.		Range= 60 lb.		Range= 60 lb.	

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
CORNERS				SECTIONS			
1	21,000 lbs	21,000 lbs.	21,000 lbs.	1	21,000 lbs.	21,000 lbs.	21,000 lbs.
2	21,000 lbs	21,000 lbs.	21,000 lbs.	2	21,000 lbs.	20,980 lbs.	20,980 lbs.
3	21,000 lbs	20,980 lbs.	20,980 lbs.	3	21,000 lbs.	20,980 lbs.	20,980 lbs.
4	21,000 lbs	21,000 lbs.	21,000 lbs.	4	21,000 lbs.	20,980 lbs.	20,980 lbs.
5	21,000 lbs	20,980 lbs.	20,980 lbs.	5	21,000 lbs.	21,000 lbs.	21,000 lbs.
6	21,000 lbs	21,000 lbs.	21,000 lbs.	6	21,000 lbs.	21,000 lbs.	21,000 lbs.
7	21,000 lbs	20,980 lbs.	20,980 lbs.				
8	21,000 lbs	21,000 lbs.	21,000 lbs.				
9	21,000 lbs	21,000 lbs.	21,000 lbs.				
10	21,000 lbs	21,000 lbs.	21,000 lbs.				
11	21,000 lbs	21,000 lbs.	21,000 lbs.				
12	21,000 lbs	21,000 lbs.	21,000 lbs.				

Strain Load Test		Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.	
Section (Increasing or Decreasing)		Tested and calibrated scale with contract. Scale weighs correct and within all tolerances.	
Full Truck Weight	35600		
Test Weight	21000		
Empty Truck Weight	56600		
Errors	0		
<input checked="" type="checkbox"/> Physical Seal	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Seal Date:	4/27/2015	Audit Trail Information:	
Seal Type:	Lead Seal		
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 checked="" type="checkbox"/> Sticker Applied
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 #	
Scott A Wolf		1744	
Operator Signature		Date	

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Test report