

Date <b>03/04/2015</b>	PSC Device Code <b>3V2</b>	No. of Sections <b>2</b>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business <b>CHS INC. Feed Facility</b>			<input type="checkbox"/> New Installation (w/ RFI Check)	<input type="checkbox"/> Performed Calibration
Mailing Address <b>PO Box: 187, Street Address: Edgeley ND 58433</b>			<input type="checkbox"/> Modified Equipment	<input type="checkbox"/> Use as a Reference Scale
Device Location/Name <b>EDGELEY RLWS OTR PO Box: 187, Street Address: 8170 HWY #13</b>			<input type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
City <b>Edgeley</b>	State <b>ND</b>	Zip Code <b>58433</b>	<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: <b>05/07/2014</b>	
County <b>Lamoure</b>			<input type="checkbox"/> Stored/Recalled Weights meet NDAC 69-10-02-23 & 69-10-02-24	
Device Contact/Manager <b>Wayne S Cook</b>			<input type="checkbox"/> Software is NTEP Approved	
Email Address <b>wayne.cook@chsinc.com</b>			<input 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 type="checkbox"/> Video Camera Working
			<input checked="" type="checkbox"/> Approach Requirements Met	<input type="checkbox"/> View Distance > 200'
			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good	<input type="checkbox"/> Two-Way Audio Working
			<input type="checkbox"/> In response to PSC Quality Assurance Inspection	

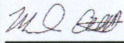
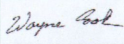
**Scale Information**

Scale Manufacturer <b>RLWS OTR S/N: 5RMP</b>	Indicator Manufacturer/Model <b>RLWS 920i-2A</b>	Indicator Serial No. <b>1665400144</b>	Weighing Elements <b>E / 4 Cell 75k</b>
Capacity/Divisions/Units <b>80,000 x 20 lbs</b>	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class <b>IIIL</b>	Printer Manufacturer/Model <b>Epson TM-U295</b>
Deck Size <b>10' x 15'6"</b>	Clearance (inches) <b>36"</b>	Approach - 12' Concrete Level <b>East- OK - West 14"</b>	Printer Serial No. <b>J9KF102067</b>
SR or Discrimination Test Zero Load = NA Loaded = NA		Motion Detection Range = <b>3d</b>	Hard Surface Approach (Length/Slope/Condition) <b>Good</b>
		AZSM (Auto Zero) Range = <b>3d</b>	

**Test Data**

LBP / Section / Product Wt.	Value of Test Weights Used	Serial/Test Number	Errors +/-		LBP / Section / Product Wt.	Value of Test Weights Used	Serial/Test Number	Errors +/-	
			As Found	As Left				As Found	As Left
Description: <b>Corner Test</b>					Description: <b>Section Test</b>				
1	10,000 lbs		0	0	1	20,000 lbs		+20	0
2	10,000 lbs		0	0	2	20,000 lbs		0	0
3	10,000 lbs		0	0					
4	10,000 lbs		+20	0		BC=0@@0			
	BC=0@@0								

**Strain Load Test**

Section (Increasing or Decreasing)	<b>1 inc</b>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.  <b>Quarterly inspection and test. Found corner #4 running plus. Adjusted the corner too zero error. No other adjustments were needed. Scale pit is clean and moisture free.</b>
Full Truck Weight	<b>60,040</b>	
Test Weight	<b>20,000</b>	
Empty Truck Weight	<b>40,040</b>	
Errors	<b>0</b>	
Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Audit Trail Information:	
Seal Date: 03/04/2015	Seal Type: Lead	
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.		
	1514	
Permit Holder Signature	Permit Number	
	03/04/2015	
Operator Signature	Date	