



CAPITAL SCALE

3021 Valley Forge St. • Bismarck, ND 58503
Phone: 701-255-1556

| | | | | |
|---|-------------------------------|-----------------------------|--|--|
| Date 6-28-17 | PSC Device Code 3V4 | No. of Sections 4 | Complete each item with Y (Yes), N (No), or NA (Not Applicable) | |
| Name of Business Sand Solutions | | | <input checked="" type="checkbox"/> New Installation (w/RFI Check) | <input checked="" type="checkbox"/> Performed Calibration |
| Mailing Address 11202 - 35th St. Salk | | | <input checked="" type="checkbox"/> Modified Equipment | <input checked="" type="checkbox"/> Use as a Reference Scale |
| City Minot | | | <input type="checkbox"/> Replaced Existing Equipment | <input checked="" type="checkbox"/> Non-Commercial |
| State ND | | | Variance Permit Posted; Expiration Date: _____ | |
| Zip Code 58047 | | | <input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24 | |
| County Ward | | | <input checked="" type="checkbox"/> Software is NTEP Approved | |
| Telephone Number 500-2592 | | | <input type="checkbox"/> Built-In Standards; Date Certified: _____ | |
| Device Contact/Manager Brian | | | <input checked="" type="checkbox"/> Multiple Decks/Single Indicator | |
| Cell Number | | | <input checked="" type="checkbox"/> Customer Has Clear View | |
| Email Address | | | <input checked="" type="checkbox"/> Clearance Below Scale Clear | |
| Device Location TS | | | <input checked="" type="checkbox"/> Video Camera Working | |
| | | | <input checked="" type="checkbox"/> Approach Requirements Met | |
| | | | <input checked="" type="checkbox"/> View Distance > 20' | |
| | | | <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 Manufacturer Pacific | Indicator Manufacturer/Model RL 920T | Indicator Serial No. 1577400060 | Weighing Elements FLC |
| Capacity/Divisions/Units 20000 X 20 lbs X Y N | Legible Label ITL | Printer Manufacturer/Model SP7000 | Printer Serial No. RL 3069 |
| Deck Size 10' X 10' | Clearance (Inches) 12" | Approach - 12' Concrete Level Good | Hard Surface Approach (Length/Slope/Condition) Good |
| SR or Discrimination Test Zero Load = _____ lb. Loaded = _____ lb. | Motion Detection Range = 10 lb. | AZSM (Auto Zero) 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 |
| BC | Ø | | Ø | Sec 1 | 20000 lbs | | Ø |
| | | | | 2 | | | +20 |
| Calms 1 | 10000 lbs | | Ø | 3 | | | +10 |
| 1 | | | +20 | 4 | | | Ø |
| 2 | | | Ø | | | | |
| 3 | | | Ø | Truck 1 | 53400 lbs | | Ø |
| 4 | | | +20 | 2 | | | +10/40 |
| 5 | | | +20 | 3 | | | +20 |
| 6 | | | Ø | 4 | | | Ø |
| 7 | | | Ø | | | | |
| 8 | | | Ø | BC | | | Ø |

| | |
|--|---|
| Section (Increasing or Decreasing) 2 | Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary. Tested + Approved Stickers Applied. |
| Full Truck Weight 53400 | |
| Test Weight 20000 | |
| Empty Truck Weight 33400 | |
| Errors +20 | |
| Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Seal Date: | Audit Trail Information: |
| Seal Type: | |
| 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 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 rules, including NIST Handbook 44, for use of the device in commerce.

Permit Holder Signature: **[Signature]** Permit No. **1784**

Operator Signature: **[Signature]** Date: **6-28-17**

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