

Date 2/15/2017	PSC Device Code 3V6	Number of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business CHS - Lake Region Grain			<input type="checkbox"/> N New Installation (w/ RFI Check)	<input type="checkbox"/> N Performed Calibration
Mailing Address P.O. Box 339			<input type="checkbox"/> N Modified Equipment	<input type="checkbox"/> N Use as a Reference Scale
City Lakota	State ND	Zip Code 58344	<input type="checkbox"/> N Replaced Existing Equipment	<input type="checkbox"/> N Non-Commercial
County Nelson	Telephone Number 701-247-2917		<input type="checkbox"/> Y Variance Permit Posted; Exp. Date: 8/26/2017	<input type="checkbox"/> NA Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
Device Contact Person/Manager	Cell Phone Number		<input type="checkbox"/> Y Software is NTEP Approved	<input type="checkbox"/> N Built-In Standards; Date Certified: NA
E-mail Address Nancy Ford (Bookkeeping) nancy.ford@chsinc.com	Device Location INBOUND 301 1st Ave, Lakota, ND 58344		<input type="checkbox"/> N Multiple Decks/Single Indicator	<input type="checkbox"/> Y Customer Has Clear View
			<input type="checkbox"/> Y Clearance Below Scale Clear	<input type="checkbox"/> Y Video Camera Working
			<input type="checkbox"/> Y Approach Requirements Met	<input type="checkbox"/> Y View Distance > 200'
			<input type="checkbox"/> Y Pit Coping & Crush Strip Good	<input type="checkbox"/> Y Two-Way Audio Working
			<input type="checkbox"/> N In Response to PSC Quality Assurance Inspection	

SCALE INFORMATION

Scale Manufacturer Rice Lake Weighing Systems	Indicator Manufacturer/Model RLWS / 920i®	Indicator Serial Number Ind:1731900003/Deck:5WRT	Weighing Elements (E) 12 - 75K Load Cells
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class IIIL	Printer Manufacturer/Model Computer System
Deck Size 117' x 11'	Clearance (Inches) Above Ground / Pitless	Approach (12' Concrete Level) 12' Concrete Level	Printer Serial Number NA
SR (Sensitivity Response) OR Discrimination Test ZERO LOAD = 1.4d = 2d lb. LOADED = 1.4d = 2d lb.	Motion Detection Range = 60 lb.	AZSM (Auto Zero) Range = 60 lb.	


SCALE TEST DATA

LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -		LBP / Section / Product Weight	Value of Test Weights Used	Errors + / -	
		As Found	As Left			As Found	As Left
LBP #1	10,000 lbs	0	0	Section #1	20,000 lbs	0	0
LBP #2	10,000 lbs	0	0	Section #2	20,000 lbs	-20	-20
LBP #3	10,000 lbs	0	0	Section #3	20,000 lbs	0	0
LBP #4	10,000 lbs	0	0	Section #4	20,000 lbs	0	0
LBP #5	10,000 lbs	0	0	Section #5	20,000 lbs	0	0
LBP #6	10,000 lbs	0	0	Section #6	20,000 lbs	0	0
LBP #7	10,000 lbs	0	0				
LBP #8	10,000 lbs	0	0	BC	0 lbs	0	0
LBP #9	10,000 lbs	0	0				
LBP #10	10,000 lbs	0	0				
LBP #11	10,000 lbs	0	0				
LBP #12	10,000 lbs	0	0				
BC	0 lbs	0	0				

STRAIN LOAD TEST

Section (Increasing or Decreasing)	2	4	6	Remarks (Include environmental conditions, if applicable.) Attach additional sheets as necessary.
Full Truck Weight	56,400	56,400	56,400	
Test Weight	20,000	20,000	20,000	
Empty Truck Weight	36,400	36,400	36,400	
Errors	0	0	0	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Date: 2015 Type: Lead	Electronic Audit Trail: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Audit Trail Information: NA			Scale was drifting. Found multiple mouse chews in load cell cable. Repaired damaged cable. Cleaned out and removed mouse nests.
Meets tolerance 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 and rules, including NIST Handbook 44, for use of the device in commerce.				

Tested scale, made no adjustments and certified.

Permit Holder Signature  Permit No. **1637**

Operator Signature _____ Date _____

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Test report