



CAPITAL SCALE

PO BOX 2021 • Bismarck, ND 58502-2021
Phone: 701-255-1556

Date: <u>9.9.15</u>	PSC Device Code: <u>3VS</u>	No. of Sections: <u>5</u>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business: <u>Remington Seed</u>			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address: _____			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
City: <u>Sturton</u> State: <u>ND</u> Zip Code: _____			<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>#499</u>	<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
Device Contact/Manager: _____ Cell Number: _____			<input checked="" type="checkbox"/> Software is NTEP Approved	<input checked="" type="checkbox"/> Built-In Standards; Date Certified: _____
Email Address: _____			<input checked="" type="checkbox"/> Multiple Decks/Single Indicator	<input checked="" type="checkbox"/> Customer Has Clear View
Device Location: <u>West Scale</u>			<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>Cominal</u>	Indicator Manufacturer/Model: <u>Cominal 222</u>	Indicator Serial No.: <u>E30114-003</u>	Weighing Elements: <u>FCC</u>
Capacity/Divisions/Units: <u>20,000/20/10 N</u>	Legible Label: <u>10 N 711</u>	Printer Manufacturer/Model: <u>EPSON TM025</u>	Printer Serial No.: <u>JYK#141824</u>
Deck Size: <u>70'</u>	Clearance (inches): <u>Revised Variable</u>	Approach - 12' Concrete Level: <u>OK</u>	Hard Surface Approach (Length/Slope/Condition): <u>OK OK OK</u>
SR or Discrimination Test: Zero Load = _____ lb. Loaded = _____ lb.	Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</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
LBP	20,000		0	SECT 1	20,000		+20
			0	2			0
			0	3			0
			0	4			0
			0	5			0
			0	BC	0		0
			0	TRUCK 1	42,900		20
			0	2			
			0	3			
			0	4			
			0	5			
BC	0		0	BC	0		0

Strain Load Test

Section (Increasing or Decreasing)		Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.
Full Truck Weight	<u>45,900</u>	
Test Weight	<u>20,000</u>	
Empty Truck Weight	<u>27,880</u>	
Errors	<u>+20</u>	
<input checked="" type="checkbox"/> Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Seal Date:	Audit Trail Information:	
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 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 No.: 1670

Operator Signature: _____ Date: 9.9.15



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Name of Business: <u>Remington Seed</u>			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address: <u>3400 10th St. Urbandale IA</u>			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
City: <u>GASTON</u>	State: <u>ND</u>	Zip Code: <u>50322</u>	<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
County: <u>WALTON</u>	Telephone Number: <u>505-977-6037</u>		<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: <u>\$498</u>	
Device Contact/Manager:	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>East Scale-Gaston</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 Manufacturer: <u>Carver</u>	Indicator Manufacturer/Model: <u>Com Invt 225</u>	Indicator Serial No.: <u>E3014-0300</u>	Weighting Elements: <u>FLC</u>
Capacity/Divisions/Units: <u>200,000/10/20 x 0.1</u>	Legible Label: <u>Y</u>	Class: <u>7LL</u>	Printer Manufacturer/Model: <u>Epson M6300</u>
Printer Serial No.: <u>J9K F116147</u>	Deck Size: <u>70'</u>	Clearance (inches): <u>Requires Variance</u>	Approach - 12' Concrete Level: <u>OK</u>
Hard Surface Approach (Length/Slope/Condition): <u>OK OK OK</u>	SR or Discrimination Test: _____	Motion Detection Range = <u>60</u> lb.	AZSM (Auto Zero) Range = <u>60</u> 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
<u>1BP</u>	<u>10,000</u>		<u>0</u>	<u>TRUCK</u>	<u>20,000</u>		<u>0</u>
<u>2</u>			<u>0</u>	<u>2</u>			<u>0</u>
<u>3</u>			<u>0</u>	<u>3</u>			<u>0</u>
<u>4</u>			<u>0</u>	<u>4</u>			<u>+20</u>
<u>5</u>			<u>0</u>	<u>5</u>			<u>0</u>
<u>6</u>			<u>0</u>	<u>BC</u>	<u>0</u>		<u>0</u>
<u>7</u>			<u>0</u>	<u>TRUCK</u>	<u>47,000</u>		<u>20</u>
<u>8</u>			<u>0</u>	<u>2</u>			
<u>9</u>			<u>0</u>	<u>3</u>			
<u>10</u>			<u>0</u>	<u>4</u>			
<u>BC</u>	<u>0</u>		<u>0</u>	<u>5</u>			<u>0</u>
				<u>BC</u>	<u>0</u>		<u>0</u>

Section (Increasing or Decreasing): <u>3</u>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.
Full Truck Weight: <u>47,000</u>	
Test Weight: <u>20,000</u>	
Empty Truck Weight: <u>27,000</u>	
Errors: <u>0</u>	
Physical Seal: <u>Y</u> N	Electronic Audit Trail: <u>Y</u> N
Seal Date:	Audit Trail Information:
Seal Type:	
Meets tolerances in PSC adopted NIST Handbook 44? <u>Y</u> Maintenance <u>Y</u> Acceptance <u>Y</u>	
<u>Y</u> Approved <u>Y</u> Rejected <u>Y</u> Taken out of Service <u>Y</u> Sticker Applied <u>Y</u>	
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: <u>[Signature]</u>	Permit No.: <u>1670</u>
Operator Signature: _____	Date: <u>9.9.15</u>