



CAPITAL SCALE
 PO BOX 2021 · Bismarck, ND 58502-2021
 Phone: 701-255-1556

Date <i>11/4/15</i>	PSC Device Code <i>302303</i>	No. of Sections <i>5</i>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business <i>Remington's Feed</i>	Mailing Address		<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
City <i>Grafton</i>	State <i>ND</i>	Zip Code <i>58800</i>	<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
County <i>Damien</i>	Telephone Number <i>379-1000</i>	Cell Number	<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
Device Contact/Manager <i>Damen</i>	Email Address		<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: _____	<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
Device Location <i>West Truck Scale at Grafton</i>			<input checked="" type="checkbox"/> Software is NTEP Approved	<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 Information

Scale Manufacturer <i>Cardinal</i>	Indicator Manufacturer/Model <i>Cardinal 210</i>	Indicator Serial No. <i>E 30114-0083</i>	Weighing Elements <i>FCC</i>
Capacity/Divisions/Units <i>20000x 20lbs</i>	Legible Label <i>X Y N</i>	Class <i>III</i>	Printer Manufacturer/Model <i>TM 295</i>
Printer Serial No. <i>J9KF 141825</i>	Deck Size <i>11'x25' / 11'x40'</i>	Clearance (inches) <i>12"</i>	Approach - 12' Concrete Level <i>Yes</i>
Hard Surface Approach (Length/Slope/Condition) <i>good.</i>	SR or Discrimination Test Zero Load = <i>NA</i> lb. Loaded = <i>NR</i> lb.	Motion Detection Range = <i>60</i> lb.	AZSM (Auto Zero) Range = <i>60</i> 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
<i>TRUCK 1</i>	<i>48000</i>	<i>0</i>	<i>0</i>	<i>LBP 1</i>	<i>10000 lbs</i>	<i>0</i>	<i>0</i>
<i>2</i>	<i>48000</i>			<i>2</i>	<i>10000 lbs</i>	<i>0</i>	<i>0</i>
<i>3</i>		<i>20 lbs</i>		<i>3</i>		<i>+20</i>	<i>0</i>
<i>4</i>				<i>4</i>		<i>0</i>	<i>0</i>
<i>5</i>				<i>5</i>		<i>-20</i>	<i>0</i>
<i>6</i>				<i>6</i>		<i>-20</i>	<i>0</i>
<i>SEC 1</i>	<i>20000 lbs</i>	<i>0</i>	<i>0</i>	<i>7</i>	<i>20000 lbs</i>	<i>0</i>	<i>0</i>
<i>2</i>			<i>8</i>	<i>+20</i>		<i>0</i>	
<i>3</i>		<i>+20/40</i>	<i>9</i>	<i>0</i>		<i>0</i>	
<i>4</i>		<i>0/100</i>	<i>10</i>	<i>0</i>		<i>0</i>	
<i>5</i>		<i>-20/40</i>	<i>LBP</i>	<i>0</i>		<i>0</i>	

Strain Load Test

Section (Increasing or Decreasing)	<i>3 Inc</i>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary. <i>Scale was left with some 20lbs corners & a 40lb's section. came back to adjust scale to zero errors.</i>
Full Truck Weight	<i>48000</i>	
Test Weight	<i>20000</i>	
Empty Truck Weight	<i>28000</i>	
Errors	<i>0</i>	
___ Physical Seal ___ Y ___ N	___ Electronic Audit Trail: <i>X Y ___ N</i>	
Seal Date:	Audit Trail Information:	
Seal Type:	<i>Cal 011 Conf 012</i>	
Meets tolerances in PSC adopted NIST Handbook 44? ___ Maintenance <input checked="" type="checkbox"/> Acceptance		
<input checked="" type="checkbox"/> Approved ___ Rejected ___ 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.

[Signature] 1540 10
 Permit Holder Signature Permit No.
[Signature] 11/5/15
 Operator Signature Date



CAPITAL SCALE

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

Date <i>11/4/15</i>	PSC Device Code <i>305</i>	No. of Sections <i>5</i>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business <i>Reinforcing Seed</i>			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address <i>Grafton</i>			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
			<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
City <i>Grafton</i>	State <i>ND</i>	Zip Code	<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: _____	
County	Telephone Number <i>379-1000</i>		<input checked="" type="checkbox"/> Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24	
Device Contact/Manager <i>Camryn</i>	Cell Number		<input checked="" type="checkbox"/> Software is NTEP Approved	
Email Address			<input checked="" type="checkbox"/> Built-In Standards; Date Certified: _____	
Device Location <i>East Truck Scale at Grafton</i>			<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 Information

Scale Manufacturer <i>Cardinal</i>	Indicator Manufacturer/Model <i>Card 275</i>	Indicator Serial No. <i>F 30014-0300</i>	Weighing Elements <i>FLL</i>
Capacity/Divisions/Units <i>20000x 201bs</i>	Legible Label <i>LY N</i>	Class <i>III</i>	Printer Manufacturer/Model <i>J9K116147</i>
Deck Size <i>11' x 80'</i>	Clearance (inches) <i>12"</i>	Approach - 12" Concrete Level <i>105</i>	Hard Surface Approach (Length/Slope/Condition) <i>Good</i>
SR or Discrimination Test	Motion Detection	AZSM (Auto Zero)	Range = <i>60</i> lb.
Zero Load = <i>NA</i> lb. Loaded = <i>NA</i> lb.	Range = <i>60</i> 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
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>LBP 1</i>	<i>10000 lbs</i>	<i>5</i>	<i>0</i>
<i>TRUCK 1</i>	<i>48000</i>		<i>5</i>	<i>2</i>	<i>10000 lbs</i>	<i>±201bs</i>	<i>0</i>
<i>2</i>	<i>10000</i>		<i>201bs</i>	<i>3</i>	<i>10000 lbs</i>		<i>0</i>
<i>3</i>	<i>10000</i>		<i>1</i>	<i>4</i>	<i>10000 lbs</i>		<i>0</i>
<i>4</i>	<i>10000</i>		<i>1</i>	<i>5</i>	<i>10000 lbs</i>		<i>0</i>
<i>5</i>	<i>10000</i>		<i>1</i>	<i>6</i>	<i>10000 lbs</i>		<i>0</i>
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>7</i>	<i>10000 lbs</i>		<i>0</i>
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>8</i>	<i>10000 lbs</i>		<i>0</i>
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>9</i>	<i>10000 lbs</i>		<i>0</i>
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>10</i>	<i>10000 lbs</i>		<i>0</i>
<i>TRUCK</i>	<i>0</i>		<i>0</i>	<i>LBP</i>	<i>0</i>		<i>0</i>

Strain Load Test

Section (Increasing or Decreasing) <i>Inc. 4</i>	Full Truck Weight <i>48000</i>	Test Weight <i>20000</i>	Empty Truck Weight <i>28000</i>	Errors <i>0</i>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary. <i>Found some T strip that was binding & also adjusted all load cells to zero. Error tested & approved.</i>
Physical Seal <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Electronic Audit Trail: <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Seal Date: <i>Cal 007 Conf 009</i>			
Seal Type: <i>Cal 007 Conf 009</i>					
Meets tolerances in PSC adopted NIST Handbook 44? <input checked="" 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 <i>[Signature]</i>		Permit No. <i>1540</i>			
Operator Signature <i>[Signature]</i>		Date <i>11/5/15</i>			