



# CAPITAL SCALE

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

Date: <u>4/11/16</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>Danota Dry Bean</u>			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address: <u>215 Main St</u>			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
City: <u>Crary</u> State: <u>ND</u> Zip Code: <u>58237</u>			<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
County: <u>Pamsey</u> Telephone Number: <u>701-662-3357</u>			Y Variance Permit Posted; Expiration Date: <u>Nov 20, 2016</u>	
Device Contact/Manager: <u>Chuck</u> 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>Crary</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
___ In Response to PSC Quality Assurance Inspection				

Scale Manufacturer: <u>Cardinal</u>	Indicator Manufacturer/Model: <u>710</u>	Indicator Serial No.: <u>E27615-0056</u>	Weighing Elements: <u>FLC</u>
Capacity/Divisions/Units: <u>160,000 x 2165</u>	Legible Label: <u>XY-N</u> Class: <u>III</u>	Printer Manufacturer/Model: <u>XEROX 3250</u>	Printer Serial No.: <u>MW169983</u>
Deck Size: <u>20' x 10'</u>	Clearance (inches): _____	Approach - 12' Concrete Level	Hard Surface Approach (Length/Slope/Condition)
SR or Discrimination Test	Motion Detection	AZSM (Auto Zero)	
Zero Load = _____ lb. Loaded = _____ lb.	Range = <u>60</u> lb.	Range = <u>20</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
BC	Ø		Ø	BC	Ø		Ø
Truck 1	43820165		+20	Corners 1	8000165		Ø
2			-20	2			Ø/-20
3			Ø	3			Ø
4			+20	4			Ø
5			+20	5			Ø
BC	Ø		Ø	6			Ø
				7			Ø
Su 1	16000165		Ø	8			Ø
2			-20	9			Ø
3			Ø	10			Ø
4			Ø				
5			Ø	BC	Ø		Ø

Section (Increasing or Decreasing): <u>2</u>		Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary. <u>51°F 10 MPH</u> <u>Inspected all load cells and check rods.</u> <u>Made sure all edges were clear.</u> <u>Tested &amp; Approved</u>
Full Truck Weight: <u>43820</u>	/	
Test Weight: <u>16000</u>	/	
Empty Truck Weight: <u>27800</u>	/	
Errors: <u>-20</u>	/	
Physical Seal: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Seal Date: <u>8</u> Seal Type: <u>B</u>	Electronic Audit Trail: <input type="checkbox"/> Y <input type="checkbox"/> N Audit Trail Information: _____	
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: _____	Permit No.: <u>1784</u>	5 WM-15-743 Filed: 4/11/2016 Pages: 1 Test report
Operator Signature: _____	Date: <u>4/11/16</u>	

Capital Scale