

Date 09/20/2016	PSC Device Code 3V6	No. of Sections 6	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business Paterson Grain LLC			<input checked="" type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address 22nd Floor, 333 Main Street Winnipeg MB R3C 4E2			<input checked="" type="checkbox"/> Modified Equipment	<input checked="" type="checkbox"/> Use as a Reference Scale
Device Location Patterson Grain, LLC 1 Patterson Drive			<input checked="" type="checkbox"/> Replaced Existing Equipment	<input checked="" type="checkbox"/> Non-Commercial
City Bottineau	State ND	Zip Code 58318	<input checked="" type="checkbox"/> Scale Indoors	
County			<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: 09/30/2017	
Device Contact/Manager Daryl Fisher			<input checked="" type="checkbox"/> Stored/Recalled Weights meet NDAC 69-10-02-23 & 69-10-02-24	
Email Address dfisher@patersongrainusa.com			<input checked="" type="checkbox"/> Software is NTEP Approved	
Telephone Number 701.228.3250			<input checked="" type="checkbox"/> Built-In Standards; Date Certified:	
Cell Number			<input checked="" type="checkbox"/> Multiple Decks/Single Indicator	
Cell Number			<input checked="" type="checkbox"/> Customer Has Clear View	
Cell Number			<input checked="" type="checkbox"/> Clearance Below Scale Clear	
Cell Number			<input checked="" type="checkbox"/> Video Camera Working	
Cell Number			<input checked="" type="checkbox"/> Approach Requirements Met	
Cell Number			<input checked="" type="checkbox"/> View Distance > 200'	
Cell Number			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good	
Cell Number			<input checked="" type="checkbox"/> Two-Way Audio Working	
Cell Number			<input checked="" type="checkbox"/> In response to PSC Quality Assurance Inspection	

Scale Information - Inbound B-Tek - 014123

Scale Manufacturer B-Tek	Indicator Manufacturer/Model RLWS 920i-2A	Indicator Serial No. 1772600152	Weighing Elements 12 Cell - 35KG
Capacity/Divisions/Units 160,000 x 20 lbs	Legible Label X Y _ N	Class III	Printer Manufacturer/Model Lexmark MX710de
Deck Size 10' x 110'	Clearance (inches) 48"	Approach - 12' Concrete Level 36'+	Printer Serial No.
SR or Discrimination Test Zero Load = NA Loaded = NA	Motion Detection Range = 3d	AZSM (Auto Zero) Range = 3d	Hard Surface Approach (Length/Slope/Condition) New

Test Data

LBP / Section / Product Wt.	Value of Test Weights Used	Serial/Test Number	Errors +/-		LBP / Section / Product Wt.	Value of Test Weights Used	Serial/Test Number	Errors +/-	
			As Found	As Left				As Found	As Left
Description: Corner Test					Description: Section Test				
1	10,000 lbs			0	1	20,000 lbs			0
2	"			0	2	"			0
3	"			0	3	"			0
4	"			0	4	"			0
5	"			0	5	"			0
6	"			0	6	20,000 lbs			0
7	"			0					
8	"			0		BC=0			
9	"			0					
10	"			0					
11	"			0					
12	10,000 lbs			0					
	BC=0								

Strain Load Test

Section (Increasing or Decreasing)	Increasing 1	Increasing 4	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary. Arrived at location, wired load cells to Iqubes. Programmed indicator as needed, calibrated scale and found no other adjustments needed. Scale does have a variance for clearance between scale and doorsill. Customer is using a program with a page printer. Looked over customer ticket and found to have gross weight and time/date. Went over with customer about state requirements in program. Placed scale into service.
Full Truck Weight	60,600	60,600	
Test Weight	20,000	20,000	
Empty Truck Weight	40,600	40,600	
Errors	0	0	
Physical Seal <input checked="" type="checkbox"/> Y _ N Electronic Audit Trail: _ Y _ N	Audit Trail Information:		
Seal Date: 09/20/2016	Seal Type: Lead		
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.

Permit Holder Signature <i>Cody Rammick</i>	1718 Permit Number
Operator Signature <i>Bob Sporn</i>	09/20/2016 Date

