



Date <b>04/05/2017</b>	PSC Device Code <b>3V5</b>	No. of Sections <b>5</b>	Complete each item with Y (Yes), N (No), or NA (Not Applicable)	
Name of Business <b>Ballantyne Agri</b>			<input type="checkbox"/> New Installation (w/ RFI Check)	<input checked="" type="checkbox"/> Performed Calibration
Mailing Address <b>10050 County Road 17A Westhope ND 58793</b>			<input type="checkbox"/> Modified Equipment	<input type="checkbox"/> Use as a Reference Scale
Device Location <b>Westhope 10050 Co. Rd 17A</b>			<input type="checkbox"/> Replaced Existing Equipment	<input type="checkbox"/> Non-Commercial
City <b>Westhope</b>	State <b>ND</b>	Zip Code <b>58793</b>	<input checked="" type="checkbox"/> Variance Permit Posted; Expiration Date: <b>09/30/2017</b>	
County			<input type="checkbox"/> Stored/Recalled Weights meet NDAC 69-10-02-23 & 69-10-02-24	<input type="checkbox"/> Scale Indoors
Device Contact/Manager <b>null</b>			<input type="checkbox"/> Software is NTEP Approved	
Email Address <b>null</b>			<input type="checkbox"/> Built-In Standards; Date Certified:	
Telephone Number <b>null</b>			<input type="checkbox"/> Multiple Decks/Single Indicator	<input checked="" type="checkbox"/> Customer Has Clear View
Cell Number			<input checked="" type="checkbox"/> Clearance Below Scale Clear	<input checked="" type="checkbox"/> Video Camera Working
			<input checked="" type="checkbox"/> Approach Requirements Met	<input type="checkbox"/> View Distance > 200'
			<input checked="" type="checkbox"/> Pit Coping and Crush Strip Good	<input type="checkbox"/> Two-Way Audio Working
<input type="checkbox"/> In response to PSC Quality Assurance Inspection				

**Scale Information - OTR ID - 015219**

Scale Manufacturer <b>Rice Lake</b>	Indicator Manufacturer/Model <b>Rice Lake 720i</b>	Indicator Serial No. <b>1774200254</b>	Weighing Elements <b>10 cell DESB 75K</b>
Capacity/Divisions/Units <b>160,000 lbs x 20 lbs</b>	Legible Label <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Class <b>IIIL</b>	Printer Manufacturer/Model <b>Epson TM-295</b>
Deck Size <b>80' x 11'</b>	Clearance (inches) <b>12"</b>	Approach - 12' Concrete Level <b>New</b>	Printer Serial No. <b>J9KF161110</b>
SR or Discrimination Test Zero Load = NA Loaded = NA		Motion Detection Range = <b>3d</b>	Hard Surface Approach (Length/Slope/Condition) <b>Good</b>
			AZSM (Auto Zero) Range = <b>3d</b>

**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: <b>Section Test</b>					Description: <b>Corner Test</b>				
1	20,000 lbs		+80	0	1	10,000 lbs		+40	0
2	20,000 lbs		+100	0	2	10,000 lbs		+40	0
3	20,000 lbs		+60	0	3	10,000 lbs		+40/60	0
4	20,000 lbs		+60	0	4	10,000 lbs		+40	0
5	20,000 lbs		+60	0	5	10,000 lbs		+40	0
					6	10,000 lbs		+20	0
	BC=0				7	10,000 lbs		+20	0
					8	10,000 lbs		+20	0
					9	10,000 lbs		+60	0
					10	10,000 lbs		+40	0
						BC=0			

**Strain Load Test**

Section (Increasing or Decreasing)	<b>Increasing Two</b>	Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.
Full Truck Weight	<b>59,520/540</b>	
Test Weight	<b>20,000</b>	
Empty Truck Weight	<b>39,520</b>	
Errors	<b>0/-</b>	
Physical Seal <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Electronic Audit Trail: <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Performed inspection and test on RLWS truck scale, tested scale and found all sections running plus. Re-calibrated and adjusted scale as needed. Verified printer working correctly.</b>
Seal Date: 04/05/2017	Audit Trail Information:	
Seal Type: Lead		
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.		
Cody Bennick	1718	
Permit Holder Signature	Permit Number	
<i>[Signature]</i>	04/05/2017	
Operator Signature	Date	