Scale Center, Inc.

2900 W Russell St
Sioux Falls, SD 57107
Phone Number: 800-456-1486

RECEIVED
FEB 13 2017
ND Public Service Commission

Date	PSC Device Code	No. of Sections
Name of Business		
Mailing Address		
City	State	Zip Code
County	Telephone Number	
Device Contact/Manager	Cell Number	
Email Address		
Device Location		

Complete each item with Y (Yes), N (No), or NA (Not Applicable)

___ New Installation (w/ RFI Check)
___ Modified Equipment
___ Replaced Existing Equipment
___ Performed Calibration
___ Use as a Reference Scale
___ Non-Commercial

___ Variance Permit Posted; Expiration Date: _____
___ Stored/Recalled Weights Meet NDAC §§ 69-10-02-23 & 69-10-02-24
___ Software is NTEP Approved
___ Built-In Standards; Date Certified: _____

___ Multiple Decks/Single Indicator
___ Clearance Below Scale Clear
___ Approach Requirements Met
___ Pit Coping and Crush Strip Good
___ Customer Has Clear View
___ Video Camera Working
___ View Distance > 200'
___ Two-Way Audio Working

___ In Response to PSC Quality Assurance Inspection

Scale Information

Scale Manufacturer	Indicator Manufacturer/Model		Indicator Serial No.	Weighing Elements
Capacity/Divisions/Units	Legible Label ___ Y ___ N	Class	Printer Manufacturer/Model	Printer Serial No.
Deck Size	Clearance (inches)		Approach – 12' Concrete Level	Hard Surface Approach (Length/Slope/Condition)
SR or Discrimination Test Zero Load = _____ lb. Loaded = _____ lb.			Motion Detection Range = _____ lb.	AZSM (Auto Zero) Range = _____ lb.

Test Data

LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/- As Found	Errors +/- As Left	LBP / Section / Product Wt.	Value of Test Weights Used	Errors +/- As Found	Errors +/- As Left

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MONTH: 1 2 3 4 5 6 7 8 9 10 11 12
DAY: 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0
Year: 20/ 06 07 08 09 10 11 12 13 14 15 16 17 18 19

Tested & Approved By _____

Strain Load Test

Section (Increasing or Decreasing)			
Full Truck Weight			
Test Weight			
Empty Truck Weight			
Errors			

___ Physical Seal ___ Y ___ N
Seal Date:
Seal Type:

___ Electronic Audit Trail: ___ Y ___ N
Audit Trail Information:

Meets tolerances in PSC adopted NIST Handbook 44? ___ Maintenance ___ Acceptance

___ Approved ___ Rejected ___ Taken out of Service ___ 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. _____

Operator Signature _____ Date _____

Remarks (include environmental conditions, if applicable). Attach additional sheets as necessary.

5 **WM-16-738** Filed: 2/13/2017 Pages: 1
Test report and tested & approved sticker

Scale Center, Inc.