



RECORD OF DAILY AUTOMATIC HOPPER SCALE TESTS

Vessel Name: _____ Vessel Operator Signature: _____

DATE:				TIME TEST STARTED								
MINIMUM CAPACITY OF SCALE				MAXIMUM CAPACITY OF SCALE								
TEST WEIGHTS	WEIGHT ON SCALE INDICATOR	ERROR (B) - (A)	% ERROR = (C) / (A) X 100	TEST WEIGHTS	WEIGHT ON SCALE INDICATOR	ERROR (B) - (A)	% ERROR = (C) / (A) X 100					
(A)	(B)	(C)		(A)	(B)	(C)						
SEA CONDITIONS (BEAUFORT SCALE) AT TIME OF SCALE TEST (CHECK ONE)												
0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(A)	(B)	(C)		(A)	(B)	(C)						
SEA CONDITIONS (BEAUFORT SCALE) AT TIME OF SCALE TEST (CHECK ONE)												
0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(A)	(B)	(C)		(A)	(B)	(C)						
SEA CONDITIONS (BEAUFORT SCALE) AT TIME OF SCALE TEST (CHECK ONE)												
0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS

1. Record the date and time the scale test is started. Multiple days are provided on one page.
2. Record the weight of test weights equal to minimum capacity of the scale (A).
3. Record the weight displayed on the scale indicator after the test weights are added to the bottom of the scale (B).
4. Calculate error of the scale by subtracting the weight of test weights (A) from the weight indicated on the scale (B). Record the error (C).
5. Calculate percent error by dividing the error (C) by the known weight (A) and multiplying by 100. Record this information in the last box. The scale is weighing within 2 percent error if the result is between -2.0% and +2.0%.
6. Repeat steps 1 to 5 for the maximum capacity of the scale.
7. Record Beaufort Scale sea conditions at time of test.
8. Have form signed by vessel operator.

DAILY AUTOMATIC HOPPER SCALE TEST ADDITIONAL INFORMATION

- ✓ A daily scale test must be conducted once every 24 hours when the scale is being used to weigh catch at-sea.
- ✓ If the scale fails the daily test, it may be re-tested at any time. However, it may not be used to weigh crab until it passes the daily test.
- ✓ This form must be maintained on board the vessel until the end of the fishing year in which it was completed. It must be retained by the vessel owner for three years, and must be made available to NMFS personnel, observers or authorized officers when requested.
- ✓ Questions or comments concerning this form or the daily test can be directed to:

Alan Kinsolving At - Sea Scales Program Coordinator 2245 CO Bar Trail Flagstaff, AZ 8600 Ph: (928) 774-4362 Fx: (928) 774-4362 Email: alan.kinsolving@noaa.gov	Jennifer Watson CMP/CMCP Program Coordinator P.O. Box 21668 Juneau, AK 99802-1668 Ph: (907) 586-7537 or (907) 586-7228 Fx: (907) 586-7465 Email: jennifer.watson@noaa.gov
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PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, Alaska Region, NMFS, P.O. Box 21668, Juneau, Ak 99802.

ADDITIONAL INFORMATION

1) NMFS cannot conduct or sponsor this information request, and you are not required to respond this information request, unless the form displays a currently valid OMB control number; 2) this information is being used to manage the At-Sea Scales Program; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required for scales approved by NMFS to weigh catch at sea; 5) Responses to this information request are not confidential.
