NC DEPARTMENT OF AGRICULT URE AND CONSUMER SERVICES
MEAT AND POU LTRY INSPECT ION DIVISION

REVIEW AND COMPLIANCE RECORD
For Meat & Poultry Handler Farmers

NAME OF FARM

PART I

NATURE OF ACTION

A = Add New Firm
BC = Update Based Upon Review
C = Change Form
D = Delete Form

DATE OF THIS REVIEW

Month	Day	Year

PART II

NAME OF INDIVIDUAL

AREA

REGISTRATION #

STREET ADDRESS

CITY

PHONE NUMBERS

E-MAIL

STATE ABBREV.	ZIP CODE	COUNTY	REGION	RISK CATEGORY	TYPE OF PRODUCT
NC				1 2 3 9	M = MEAT P = POULTRY B = MEAT AND POULTRY

In space below write a narrative including: reason for visit, who you met with, note any changes in their contact information, list any handouts given to and discussed with the meat handler, describe product on hand, note if properly labeled/refrigerated

RECOMMENDATIONS

NAME OF OFFICER

SIGNATURE OF OFFICER

BADGE NUMBER

Where are you having your animals slaughtered and processed? (Plant names and numbers)

What types of animals are you having slaughtered and processed?

How frequent are you having animals slaughtered and how many at a time?

Where are the majority of your sales taking place (farmers markets, general public, restaurants, etc)?

What kind of cold storage and transport facilities (coolers, freezers, etc) are you using?

Are coolers/freezers working properly and in sanitary condition?

How are they maintaining acceptable temperatures during transportation of product?

Does the cold storage facility have a thermometer?

Are all stored products properly marked, labeled and segregated from personal products and poultry exempt product?

Are any claims being made on labels or point of purchase materials?

If claims are being made, do they have proof of prior approval?

Are they maintaining accurate and legible records (invoices, slaughter/processing receipts, etc.) of their meat/poultry products?

REMARKS/CORRECTIONS: