

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE EXEMPT ESTABLISHMENT REVIEW REPORT <i>(Meat & poultry operations)</i> For Instructions and Definitions: See Directive 5930.1.	1. CASE NUMBER	
	2. EST. NUMBER <i>(if applicable)</i>	3. EST. ID <i>(if applicable)</i>

4a. EXEMPT EST. NAME

4b. EXEMPT EST. ADDRESS/P.O. BOX

4c. CITY, STATE, ZIPCODE

5a. ESTABLISHMENT IS OFFICIAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	5b. IF OFFICIAL, NAME OF PHV <i>(last, first)</i>	5c. IF OFFICIAL, NAME OF IIC <i>(last, first - if not PHV)</i>
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6. SPECIES:

<input type="checkbox"/> Young Chickens	<input type="checkbox"/> Porcine	<input type="checkbox"/> Ovine	<input type="checkbox"/> Caprine	<input type="checkbox"/> Ducks	<input type="checkbox"/> Geese	<input type="checkbox"/> Guinea
<input type="checkbox"/> Mature Chickens	<input type="checkbox"/> Calves	<input type="checkbox"/> Turkeys	<input type="checkbox"/> Bovine	<input type="checkbox"/> Ratites	<input type="checkbox"/> Other	

7. IDENTIFY EACH ITEM A THRU I AS BEING ACCEPTABLE OR UNACCEPTABLE *(See Classification of Deficiencies below)*.
 IN ALL CASES USE YOUR PROFESSIONAL JUDGEMENT.

CLASSIFICATION OF DEFICIENCIES:

Acceptable - when the custom exempt plant complies with 21 USC 464, 610(b), and 623 requirements.
Unacceptable - when the custom exempt plant deviates from the 21 USC 464, 610(b), and 623 requirements.

Example if unacceptable conditions where product detention is necessary:

- *The product consists in whole or in part of any filthy, putrid, or decomposed substance or is for any reason unsound, unhealthful, unwholesome, or otherwise unfit for human food or,
- *The product has been prepared, packed, or held under insanitary conditions whereby it has become contaminated with filth, or whereby it is rendered injurious to health.

A. HUMANE HANDLING OF LIVESTOCK:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
B. RECORDKEEPING AND DOCUMENTATION:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
C. SANITATION OPERATIONS:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
D. PEST CONTROL:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
E. INEDIBLE MATERIAL (including SRM's):	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
F. MARKING AND LABELING CONTROL:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
G. PATHOGEN CONTROL:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
H. WATER SUPPLY:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
I. SEWAGE AND WASTE DISPOSAL:	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable

8. *(Check applicable box)*

A. This facility is operating under an administrative consent agreement or other applicable legal order or requirement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. This Facility has been recommended to EED for removal of custom exempt privileges in the last year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C. The conditions observed at this facility during the current review make it likely that adulterated or misbranded product would occur.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D. Adulterated or misbranded product was observed during this review.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

9. REVIEWER'S RECOMMENDED REVIEW INTERVAL IF ANSWER TO ALL QUESTIONS ABOVE IS NO:

Yearly Semi-Annually

10. DESCRIPTION OF DEFICIENCY: Attach/Save an MS Word document with the full narrative to this PDF

11. NAME OF REVIEWER	12. DATE REVIEWED	13. COPY GIVEN TO OWNER/OPERATOR <input type="checkbox"/> Yes <input type="checkbox"/> No	14. DATE GIVEN
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