NORTH CAROLINA DEPARTMENT OF AGRICULTURE
MEAT AND POULTRY INSPECTION DIVISION

RECOMMENDATION ON APPLICATION FOR INSPECTION

1. ESTABLISHMENT NO.

2. AREA

3. TYPE OF INSPECTION
☐ MEAT ☐ POULTRY ☐ IMPORT

4. DATE OF SURVEY

5. NAME AND MAILING ADDRESS OF APPLICANT

6. LOCATION OF ESTABLISHMENT *(If different from Item 5)*

7. ADDRESS OF STATE OFFICE

8. DATE ESTABLISHMENT WILL BE READY FOR SERVICE

9. RECOMMEND FOR GRANTING INSPECTION SERVICE?
☐ YES ☐ NO

10. ASSIGNMENT WILL BE COVERED BY: *(Number)*

FULL-TIME INSPECTORS	PART-TIME INSPECTORS

REMARKS *(Use additional blank pages as necessary)*

The above-named establishment was surveyed and found to be in compliance as indicated above. Service should be inaugurated as indicated in Item 8 above.

OFFICIAL'S SIGNATURE	DATE

MPIS FORM 1s