

Notification by:

DATE OF COMPLIANCE REFERRAL NOTIFICATION

Month	Day	Year
-------	-----	------

PART I

Other Notification:

NATURE OF ACTION	Visit #	Day of Week	DATE OF THIS SURVEILLANCE			TIME OF SURVEILLANCE	
			Month	Day	Year	Arrival Time	Departure Time

PART II

Farmer	Poultry Exempt	Other	COUNTY	REGION	STATE ABBREV.
Meat Handler	Custom Exempt				NC

TYPE OF BUSINESS (code * in order of prominence)		

Misc Info:

People: **Adults:** **Kids:** **Descriptions:**

Vehicles: **Colors:** **License Plate #:**

Descriptions:

Other Information SOURCE(S) OF INFORMATION, ADDITIONAL REMARKS, AND OTHER PERTINENT INFORMATION (Include names and addresses where appropriate.)

Bovine # _____ Poultry # _____
 Porcine # _____ Other _____

Officer:

RECOMMENDATIONS _____

AREA OFFICE

SIGNATURE OF OFFICER

NUMBER

Raleigh, North Carolina

*CODES: 01-Processor; 02-Distributor; 03-Renderer; 04-Broker; 05-4-D; 06-Retailer; 07-Transporter; 08-Custom; 09-Restaurant; 10-Abattoir; 11-Animal Food; 12-Warehouse; 13-Salvage; 14-Miscellaneous