

REVIEW AND COMPLIANCE RECORD

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
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PART II

NAME OF FIRM/INDIVIDUAL

OFFICER

ESTABLISHMENT NUMBER

STREET ADDRESS OR R.F.D. NUMBER

CITY

STATE ABBREV.

ZIP CODE

COUNTY

REGION

RISK CATEGORY

TYPE OF PRODUCT

NC

1 2 3 9

M = MEAT
P = POULTRY
B = MEAT AND POULTRY

TYPE OF BUSINESS (code* in order of prominence)

INSPECTION PROGRAM

GRADING CODE

N = NONE F = FEDERAL S = STATE
C = COUNTY T = TALMADGE-AIKEN

N = NONE
F = FEDERAL
S = STATE

PART III

MANAGING OFFICIALS

NAME

NAME

ADDRESS

ADDRESS

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

RECOMMENDATIONS

AREA OFFICE

SIGNATURE OF OFFICER

BADGE NUMBER

*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