

**N.C. DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
MEAT AND POULTRY INSPECTION DIVISION**

**STATE ESTABLISHMENT
HOURS OF OPERATION**

This approval is valid until a request for change is approved.

1. ESTABLISHMENT NO.:	2. AREA:	3. DATE:
4. PLANT NAME:		

5. PLANT ADDRESS AND E-MAIL ADDRESS:

Note: Specify daily clock hours of operation (first eight (8) hours) and lunch periods for all shifts. Overtime is to be arranged locally with your Inspector in Charge.

6. TYPES OF INSPECTION: (check all that apply)

MEAT
 POULTRY
 SILURIFORMES - FISH

SCHEDULE OF OPERATIONS

FIRST SHIFT				SECOND SHIFT			
DAYS	START TIME	LUNCH	END TIME	DAYS	START TIME	LUNCH	END TIME
SUN.				SUN.			
MON.				MON.			
TUES.				TUES.			
WED.				WED.			
THURS.				THURS.			
FRI.				FRI.			
SAT.				SAT.			

Scheduled Pre-Op

SHIFT #1

SHIFT #2

EXEMPT ACTIVITIES

JURISDICTION

CUSTOM SLAUGHTER <input type="checkbox"/> YES <input type="checkbox"/> NO	CUSTOM EXEMPT PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> NO	RETAIL EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO	DUAL JURISDICTION ESTABLISHMENT with FDA <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMENTS:

Your Hours of Operation, when approved as requested, are done so with the understanding that any work performed outside of these hours is subject to overtime charges, in accordance with CFR Title 9 Sections 307.4 and 381.37.

Plant Owner's or Manager's Signature

Date

Area Supervisor Signature- has confirmed these hours are reasonably within the scope of Inspector's tour of duty.

Date

TA Coordinator's Signature

Date

MPID Director

Date Approved

Effective Date