

REVIEW AND COMPLIANCE RECORD

For Meat & Poultry Handler Farmers

NAME OF FARM

PART I

NATURE OF ACTION A=ADD NEW BC=UPDATE BASED REVIEW D=DELETE C=CHANGE FORM	DATE OF THIS REVIEW	REGISTRATION #
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PART II

NAME OF INDIVIDUAL	OFFICER
STREET ADDRESS	CITY
PHONE NUMBERS	E-MAIL

STATE	ZIP CODE	COUNTY	REGION	RISK CATEGORY	TYPE OF PRODUCT
NC				1 2 3 4 5 9	M = MEAT P = POULTRY B = MEAT AND POULTRY

In space below write a narrative including: reason for visit, who you met with, note any changes in their contact information, list any handouts given to and discussed with the meat handler, describe product on hand, note if properly labeled/refrigerated

RECOMMENDATIONS-Next Review Quarter & Year, etc.

NAME OF OFFICER	SIGNATURE OF OFFICER	BADGE NUMBER
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Where are you having your animals slaughtered and processed? (Plant names and numbers)

What types of animals are you having slaughtered and processed?

How frequent are you having animals slaughtered and how many at a time?

Where are the majority of your sales taking place (farmers markets, general public, restaurants, etc)?

Are coolers/freezers working properly and in sanitary condition?

How are they maintaining acceptable temperatures during transportation of product(coolers, freezers, etc)?

Does the cold storage facility have a thermometer?

Are all stored products properly marked, labeled and segregated from personal products and poultry exempt product?

Are any claims being made on labels or point of purchase materials?

If claims are being made, do they have proof of prior approval?

Are they maintaining accurate and legible records (invoices, slaughter/processing receipts, etc.) of their meat/poultry products?

REMARKS/CORRECTIONS: