

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
OFFICE OF FIELD OPERATIONS

EST. NO.

DATES CSO VISITED EST.

FROM:

TO:

**COMPREHENSIVE ASSESSMENT OF
THE EXECUTION AND DESIGN OF AN
ESTABLISHMENT'S FOOD SAFETY SYSTEMS**

NAME AND ADDRESS OF ESTABLISHMENT

NAME OF EIAO:

DISTRIBUTION INSTRUCTIONS:

Submit this report to your District Manager and the Front-Line Field Supervisor via email.

DISTRICT

CIRCUIT VISITED

REASON FOR VISIT (Check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> A. District Office Direction | <input type="checkbox"/> F. STEPS-triggered Sample Form # | <input type="checkbox"/> H. Other (<i>Specify</i>): |
| <input type="checkbox"/> B. Consumer Complaints | <input type="checkbox"/> G. Salmonella Performance Standard Failure | |
| <input type="checkbox"/> C. Foodborne Illness | <input type="checkbox"/> A set | |
| <input type="checkbox"/> D. Foreign Particle Contamin. | <input type="checkbox"/> B set | |
| <input type="checkbox"/> E. Repetitive Lm | <input type="checkbox"/> C set | |

SUMMARY OF DATA ASSESSMENT PRIOR TO VISIT:

RECOMMENDATIONS:

- | | |
|--|---|
| <input type="checkbox"/> A. No action needed | F. Summary of reason(s) for recommendation: |
| <input type="checkbox"/> B. 30 day reassessment letter | |
| <input type="checkbox"/> C. NRS written by in-plant | |
| <input type="checkbox"/> D. NOIE | |
| <input type="checkbox"/> E. Suspension/Withdrawal | |

NARRATIVE: Attach/Save an MS Word document with the full narrative to this PDF