

1. REPORT NO. \_\_\_\_\_

2. EST. NO. \_\_\_\_\_

3. EST. ID. \_\_\_\_\_

### ADMINISTRATIVE ENFORCEMENT REPORT

**4. NON-COMPLIANCE (Check all applicable boxes)**

SPS     SSOP     HACCP     HUMANE TREATMENT     THREAT, INTIMIDATION, ASSAULT     OTHER \_\_\_\_\_

5(a). NAME OF BUSINESS \_\_\_\_\_  
5(b). ADDRESS OR P.O. BOX \_\_\_\_\_  
5(c). CITY, STATE, ZIP CODE \_\_\_\_\_  
 Check if the business type is a non-federally inspected facility.)

**6. TYPE OF NON-FEDERALLY INSPECTED BUSINESS**  
 Broker/Distributor  
 Retail/Restaurant  
 Other \_\_\_\_\_ (Describe)

**7. PLANT SIZE**  
 Large  
 Small  
 Very Small

**8. HACCP PROCESSING CATEGORIES (If non-compliance type shown in block 2 is HACCP, check all that apply to the NOIE/Suspension letter issued)**

Slaughter - all species     Thermally Processed - commercially sterile     Fully Cooked - not shelf stable  
 Raw Product - ground     Not Heat Treated - shelf stable     Heat Treated But Not Fully Cooked - not shelf stable  
 Raw Product - not ground     Heat Treated - shelf stable     Product With Secondary Inhibitors - not shelf

**9. PRODUCT TYPE**

Meat     Poultry  
 Meat/Poultry     Eggs

**10. LABORATORY FINDINGS (Check if applicable to case)**

Listeria monocytogenes     Salmonella     E. Coli O157:H7  
 Other \_\_\_\_\_

**11. REPORT TYPE AND DATE OF ACTIONS**

NOIE \_\_\_\_\_ DEFERRAL \_\_\_\_\_ SUSPENSION \_\_\_\_\_ ABEYANCE \_\_\_\_\_  
REINSTATEMENT \_\_\_\_\_ WITHHOLDING OF LABELS \_\_\_\_\_  
*(Dates the establishment provided written notice of these actions)*  
CUSTOM (1) \_\_\_\_\_ CUSTOM (2) \_\_\_\_\_ CUSTOM (3) \_\_\_\_\_  
*(Date LOW) (Date LOW) (Date LOW)*  
DETENTION \_\_\_\_\_ TERMINATION \_\_\_\_\_  
*(Date product detained, and if applicable, terminated by FSIS personnel)*  
RECALL (1) \_\_\_\_\_ RECALL (2) \_\_\_\_\_  
*(Date product was recalled by producing firm) (Date of final recall effectiveness report to RMD)*  
RECALL (FSIS Recall Number) \_\_\_\_\_ PROHIBITED ACTIVITY \_\_\_\_\_  
*(Date establishment/business provided written notice of this action)*  
APPEAL (1) \_\_\_\_\_ APPEAL (2) \_\_\_\_\_ APPEAL (3) \_\_\_\_\_  
*(Date of appeal to DM.) (Date of appeal to EARO) (Date of EARO decision)*  
ILLNESS OUTBREAK (1) \_\_\_\_\_ ILLNESS OUTBREAK (2) \_\_\_\_\_  
*(Date investigation closed with no enforcement action) (Date enforcement action initiated)*  
NON ROUTINE INCIDENT \_\_\_\_\_ OTHER (Specify): \_\_\_\_\_  
*(Date incident reported to OFSEP) (Date of action)*

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**13. OTHER SPECIAL REVIEW (e.g. IDV, Epidemiological Review, etc.)**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**14. REFERRED TO OPEER FOR: (Provide date of referral)**

COMPLAINT \_\_\_\_\_ SEIZURE \_\_\_\_\_  
*(Date) (Date)*  
TERMINATE CUSTOM \_\_\_\_\_ CRIMINAL INVESTIGATION \_\_\_\_\_  
*(Date) (Date)*  
OTHER (Specify): \_\_\_\_\_  
*(Date)*

**15. LIST PAST/RELATED REPORTS**

**16. COMPLETE WHEN CASE IS CLOSED**  
LOI DATE \_\_\_\_\_ LOW DATE \_\_\_\_\_ OTHER (Specify): \_\_\_\_\_ DATE \_\_\_\_\_

**17. SIGNATURE OF ENFORCEMENT INVESTIGATION AND ANALYSIS OFFICER**

**18. SIGNATURE OF CASE SPECIALIST**

**19. DATE**

**LIST OF EXHIBITS**

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