| U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE OFFICE OF FIELD OPERATIONS DISTRICT ENFORCEMENT OPERATIONS | DISTRIBUTION: Original - Compliance C 1 Copy - Product Own 1 Copy - Product Custo | Officer ner | :ASE NUMBER | ENTRY | NUMBER | DATE DETAINED | |
|--|---|---|---|--|---|---|--|
| NOTICE OF DETENTION | 1 Copy - ADME, DEO | | | | | | |
| OWNER'S NAME, ADDRESS | | C | CUSTODIAN'S NAME, ADDRESS | | | | |
| TELEPHONE NUMBER | | | TELEPHONE NUMBER | | | | |
| The article(s) described below was/were and for the reasons shown herein for a without first being released by an author imprisonment, or both. Voluntary dispodetention. Seizure, condemnation and dilegislation cited. | period not to exceed twenty orized employee of the Food S osition of the article(s) for hun | (20) days. Safety and In nan food pur | The article(s) describ aspection Service, U. poses, or placing the | bed may not in the second bed bed ma | be used, moved at of Agricultur compliance will | d or altered in any manner e, under penalty of fine or result in termination of the | |
| | | | N OF ARTICLE(S) DETAINED | | | | |
| A. PRODUCT NAME | B. CODING (If any) | C | . NUMBER | | | E. CONDITION (✓) FRESH OTHER FROZEN | |
| F. ESTABLISHMENT NUMBER | | | G. INSPECTION (✓) | 1 | | | |
| | | | FEDERAL | S | STATE | NONE | |
| 2. LOCATION OF DETAINED ARTICLE(S) | | | | 3. [| DETENTION | | |
| (Complete name, address, etc.) | | A | A. CODE | | B. REASON (| √) | |
| | | | | | MISBRAN | NDED ADULTERATED | |
| | | | C. DESCRIPTION | | | | |
| 4. DETAINED TA | G(S) ATTACHED | 5 | . LEGAL AUTHORITY | Y FOR DETEN | TION (✓) | | |
| A. NUMBER(S) | | | FEDERAL MEAT INSPECTION ACT 21 U.S.C. 601 <u>et seq.</u> POULTRY PRODUCTS INSPECTION ACT 21 U.S.C. 451 <u>et seq.</u> | | | | |
| B. HOUR | | | OTHER (specify act): | | | | |
| 6. NAME AND ADDRESS OF SHIPPER | | 7 | . Name and addre | ess of selle | R | | |
| 8. POINT OF SHIPMENT (origin) | | | 9. TRANSPORTER (carrier) | | | | |
| 10. PRODUCT SAMPLED YES NO | | | 11. FREEZER LOT NUMBER | | | | |
| 12. NAME OF OWNER/OWNER'S AGENT NOTIFIED | | | 13. SIGNATURE | | | | |
| 14. NAME(S) AND ADDRESS(ES) OF FE | EDERAL, STATE OR LOCAL AL | JTHORITIES I | NOTIFIED (if any) | | | | |
| 15A SIGNATURE OF AUTHORIZED REPRESENTATIVE OF USDA B. BAD | | | GE # C. TELEPHONE NUMBER | | | | |
| ADDRESS | | | | _ | | | |
| 16A. DATE OWNER NOTIFIED | B. OWNER INFORME | | | C. NAME C | DF OWNER / OV | VNER'S AGENT NOTIFIED | |
| | TEL | CM H | ID FAX | | | | |