N. C. DEPARTMENT OF AGRICULTURE MEAT AND POULTRY INSPECTION DIVISON

AREA SUPERVISOR RECOMMENDATION FOR STATE INSPECTION

Area:		Establishment Number:					
Establishment Name:		Establishment Physical Address:					
Type of Inspection Requested: Pr	rocessing Slau	ıghter	Slaughter/Processing				
Meat Poul		Itry	Both				
	FRONTLINE SUPERVISO	OR ON-SITE	CHECKLIST				
1. Recommendation For Grant of	3. Resource Managemen	nt Informatio	n:				
Inspection Service? Yes, please provide the inauguration	Headquarter Establishment:						
date in Block No. 2 below.	Yes, indicate the number of employees headquartered at the establishment:						
No, please provide the explanation	No, indicate headquarter establishment number:						
in the COMMENTS SECTION on page 3.	Establishment added to existing assignment?						
2. Date of Inauguration of conditional	Yes, indicate assignment number:						
grant of inspection:	No						
	Estimated Staff Needed:						
Date of regular grant of inspection:	Yes, indicate number of employees:						
	No						
Data of minetatement of increasing from	Square footage:						
Date of reinstatement of inspection from voluntary suspension:						·	
	HACCP size:	very small	small	large	e		
Categories		9 CFR	Regulation/Resources				
I. Required Documents				Yes	No	N/A	
Written Recall Procedures	418 / FSIS Directive 8080.1						
Sanitation SSOP	416						
HACCP Plan	417						
LM for RTE Establishments	430.4 / FSIS Directive 10,240.4						
Controls for E. coli O157:H7 and STEC	417 / FSIS Directive 10,010.1	1					
Generic E. coli procedures for Slaughter Establishments	310.25(a) / 381.94(a) / FSIS	Directives 500	0.1 / 5000.2				
Water Potability Certification	416.2(g)						
Sewer Certification	416.2						
Inedible	314 / 381.95						
BSE SRM	310.22						
II. Marks of Inspection							
Labels	316 / 317 / 381 - Subpart N						
Brands	316.4						
Security for Accountable Items	307.1 / 316.4 / 381.36						
Food Defense Plan	FSIS Directive 5420.1						

Categories	9 CFR Regulation/Resources					
III. Building Construction		Yes	No	N/A		
Buildings, Structures & Rooms	416.2					
Walls	416.2					
Floors	416.2					
Ceilings	416.2					
Doors	416.2					
Separation of Raw & RTE product areas in Establishment	430.4					
Ventilation in Production Areas	416.2					
Ventilation in Welfare Facilities	307.1					
Facilities for USDA Employees	307 / 381.27 / 381.36					
Plumbing	416.2					
Water Supply & Distribution	416.2					
Drains	416.2					
IV. Safety						
Lock-out / Tag-out	FSIS Directive 4791.1					
Adequate Exits	FSIS Directive 4791.1					
Hazards	307.7					
V. Facilities & Equipment						
Welfare Facilities	416.2					
Outside Premises (includes Pest and Rodent Control)	416.2(a)					
1. Ante-Mortem	313.1 / 381.7					
Facilities and Lighting	307.2 / 309.1 / 381.36					
Suspect Pen Facilities / Lighting	309 / 381.36 / FSIS Directive					
Animal Humane Facilities and DVMS Verification	313					
2. Post-Mortem						
Facilities and Equipment	307.2 / 310 / 381.36 / 416.3(a)					
Lighting	307.2 / 310 / 381.36 / 416.2					
Retained Product Facilities	307.2 / 310.3 / 381.36					
Reinspection Facilities	318.3 / 381.45					
Condemned / Inedible Facilities	307.2 / 314 / 381.95					
3. Processing	307.2 / 314 / 381.95					
Retained Product Facilities	307.2 / 310.3 / 381.36					
Facilities and Equipment	307.2 / 310 / 416.3(a)					
Condemned / Inedible Facilities	307.2 / 314 / 381.95					

MPID Form 1S (Updated 9/23/2025)

Categories	9 CFR Regulation/Resource									
VI. Jurisdictions		Yes	No	N/A						
Dual Jurisdiction Establishment	305.2(a) / 381.26 / FSIS Directive 5730.1 (separated by time or space)									
Retail Exempt	305.2(a) / 381.26 (separated by time or space)									
Custom Exempt	303.1(a)(a)(2)(ii) / 305.2(a) / FSIS Directive 5930 (separated by time or space)									
VII. Establishment Contact Information										
After Hours Contact Person:										
Telephone No.:										
E-mail Address:										
Lab Sample Contact E-mail Address:										
Fax Line:										
Recall Coordinator:										
Telephone No.:										
E-mail Address:										
Fax Line:										
COMMENTS:										
Printed / Signed Name of Frontline Supervisor:		Date	of Survey:							