

**ADMINISTRATIVE ENFORCEMENT REPORT**

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

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

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

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-state inspected facility.)

6. TYPE OF NON-STATE 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     STECS  
 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 MPID personnel)*  
RECALL (1) \_\_\_\_\_ RECALL (2) \_\_\_\_\_  
*(Date product was recalled by producing firm) (Date of final recall effectiveness report to Compliance Supervisor/Case Specialist)*  
RECALL (MPID Recall Number) \_\_\_\_\_ PROHIBITED ACTIVITY \_\_\_\_\_  
*(Date establishment/business provided written notice of this action)*  
APPEAL (1) \_\_\_\_\_ APPEAL (2) \_\_\_\_\_ APPEAL (3) \_\_\_\_\_  
*(Date of appeal to State Director) (Date of appeal to Office of Administrative Hearing) (Date of Office of Administrative Hearing 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 State Director) (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 COMPLIANCE TEAM 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**

NAME/ADDRESS OF ESTABLISHMENT

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DESCRIPTION

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