

NON-AMENABLE, NON-EXOTIC ESTABLISHMENT REVIEW REPORT

EST. NAME AND NUMBER

EST. ADDRESS/P.O. BOX

CITY, STATE, ZIP CODE

SPECIES:

IDENTIFY EACH ITEM A THRU I AS BEING ACCEPTABLE OR UNACCEPTABLE (See *Classification of Deficiencies below*).
IN ALL CASES USE YOUR PROFESSIONAL JUDGEMENT.

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|
| A. HUMANE HANDLING OF LIVESTOCK: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| B. RECORDKEEPING AND DOCUMENTATION: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| C. SANITATION OPERATIONS: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| D. PEST CONTROL: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| E. INEDIBLE MATERIAL: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| F. MARKING AND LABELING CONTROL: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| G. PATHOGEN CONTROL: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| H. WATER SUPPLY: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| I. SEWAGE AND WASTE DISPOSAL: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |

(Check applicable box)

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|--|------------------------------|-----------------------------|
| A. The conditions observed at this facility during the current review make it likely that adulterated or misbranded product would occur. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Adulterated or misbranded product was observed during this review. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DESCRIPTION OF DEFICIENCY: Attach/Save an MS Word document with the full narrative to this PDF

NAME OF REVIEWER	DATE REVIEWED	COPY GIVEN TO OWNER/OPERATOR	DATE GIVEN
		<input type="checkbox"/> Yes <input type="checkbox"/> No	