



**NORTH CAROLINA DEPARTMENT OF AGRICULTURE  
AND CONSUMER SERVICES  
MEAT AND POULTRY INSPECTION DIVISION  
Raleigh, North Carolina**

*Steve Troxler, Commissioner*

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<b>MPID NOTICE</b>	<b>6-23</b>	<b>4-10-2023</b>
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**Overtime Inspection**

**I. PURPOSE:**

The intent of this notice is to provide MPID inspection personnel guidance on how to fill out the Statement of Overtime Inspection form and the Services Rendered form.

**II. CANCELATION:**

MPID Notice 4-23 dated 2-14-2023

**III. REFERENCES:**

9 CFR Parts 307.4 through 307.6 and 417  
9 CFR 381.37 through 381.39  
FSIS Directive 12,600.1 Revision 1  
FSIS Directive 12,600.2 Revision 3

**IV. POLICY:**

**A.** When an establishment decides to work outside of their approved hours of operation or on a legal holiday, the establishment will be charged for the overtime service or holiday inspection service. MPID inspection personnel are to provide overtime inspection coverage for the entire time an establishment conducts activities that require inspection coverage outside its approved hours of operation. [FSIS Directive 12,600.2 Revision 3](#) states IPP are to provide inspection coverage during overtime periods when an establishment:

1. Prepares meat or poultry for packaging or for further processing into meat or poultry food products. Examples of activities include slaughtering, boning, cutting, slicing, grinding, injecting, pumping, adding ingredients through other mechanical means, formulating, assembling, packaging or labeling meat or poultry components of meat or poultry food products;
2. Requests the mark of inspection to be applied to any product. This applies whether the meat or poultry products are placed in a preprinted container that bears the mark of inspection or if the mark is applied after the products are placed in the container. Placing the products in a container that will bear the mark of inspection requires

overtime coverage and applying the mark of inspection to products requires overtime coverage; or

3. Marks, packages, or labels products (as required in 9 CFR 316.3(b), 381.136(a), and 590.418(b)).

**NOTE:** IPP must have time at the end of their tour of duty to complete necessary PHIS tasks. If a slaughter establishment chooses to slaughter animals until the very end of the approved hours of operation, IPP will charge for overtime inspection to complete their required work.

**B.** IPP are not to provide overtime inspection services at establishments when the following are the only types of activities the establishment performs during the period of operations:

1. Monitoring a Critical Control Point (CCP) in their Hazard Analysis and Critical Control Point (HACCP) plan as required by 9 CFR 417.2(c)(4). For example, the establishment may monitor the cooking or chilling of any products with a continuous or handheld monitoring device;
2. Conducting any form of sanitation procedure. For example, the establishment may conduct pre-operational cleaning and sanitizing of food contact surfaces required by 9 CFR 416.13(a)(b);
3. Monitoring the implementation of the Sanitation SOP as required by 9 CFR 416.13(c). For example, the establishment sanitation supervisor may monitor the implementation of the pre-operational cleaning procedures as required by 9 CFR 416.13(c);
4. Moving products, including moving and handling post-lethality exposed RTE products, within the establishment to physically position them for further processing or storage. For example, the establishment may transfer racks loaded with products from smokehouses to the cooler or remove raw tumbled products from tumbler into tubs. Another example would be the establishment removing whole RTE hams from racks in the cooler and placing them into carts that can easily be moved to each slicer for slicing. Moving the hams from the racks to the carts and moving the carts out to the production floor are positioning for further processing and do not require inspection coverage when no other process is done;
5. Receiving meat or poultry, spices, or other ingredients from other establishments or warehouses;
6. Applying ice to product in a box or container;
7. Quartering a beef carcass to facilitate loading or making a single cut for grade determination;

8. Receiving and sorting returned products produced by the official establishment as described in 9 CFR 318.3;
9. Performing a verification activity as required by their HACCP plan including: the calibration of process monitoring equipment required by 9 CFR 417.4(a)(2)(i), direct observation of the monitoring procedure required by 9 CFR 417.4(a)(2)(ii), and the review of records generated and maintained in accordance with 9 CFR 417.5(a)(3) required by 9 CFR 417.4(a)(2)(iii);
10. Performing pre-shipment records review as required by 9 CFR 417.5(c);
11. Performing corrective actions in accordance with its HACCP plan or Sanitation SOPs that do not include any of the activities listed under section A above. For example, the corrective action cannot include a reconditioning procedure that involves trimming, packaging, or labeling of products;
12. Collecting or testing samples of its products;

**NOTE:** The above is a comprehensive, but not all inclusive, list of activities that establishments conduct. If IPP have questions regarding whether a particular activity not listed above requires inspection, they should contact their supervisor.

- C. When an establishment requests overtime services for hours outside their approved hours or when they work on a legal holiday requiring inspection, IPP are to complete [MPIS Form 2a Statement of Overtime Inspection](#) for State establishments and [FSIS Form 5110-1 Services Rendered](#) for TA establishments. There is a minimum charge of ¼ hour for reimbursable services for continuation of service and a minimum 2-hour charge when called back to an establishment for inspection or when inspection is required on a legal holiday.

**NOTE:** If IPP only work one hour when called back to an establishment for inspection or inspection is required on a legal holiday, the establishment will be charged for two hours and IPP would only record the one hour of work on their timesheet.

See Attachment 1 of [FSIS Directive 12,600.1 Revision 1](#) for more details on how to charge when two or more establishments are requiring overtime services at the same time.

Only one Statement of Overtime Inspection form (State form) is to be completed each calendar month per Inspector/Establishment combination, i.e. if three inspectors provide overtime inspection for an establishment, three forms would be submitted at the end of the month, one per inspector. For the Services Rendered form (TA form) only one is to be completed every two weeks per the federal pay period for each Inspector/Establishment combination. See **Attachment 1** for completing Services Rendered FSIS Form 5110-1 for T/A establishments. See **Attachment 2** for completing the Statement of Overtime Inspection form (MPID Form-2a) for State establishments.

**IV. ADDITIONAL INFORMATION:**

If you have any questions or need additional information, contact your Supervisor.

**Dr. Karen Beck**  
**State Director**

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**DISTRIBUTION:**  
All MPID Personnel

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**SUBJECT CATEGORY:**  
Administrative

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## Attachment 1

### Filling out Services Rendered Form 5110-1 (Federal Overtime Form)

**References:** FSIS Directives [12600.1](#), [12600.2](#), and [IPP Help \(Instructions for Completing FSIS 5110-1\)](#)

**Blocks 1-11:** Fill in all required information pertaining to the inspector and establishment.

**Blocks 12-16:** Refer to box 4B above to determine which day the pay period begins.

-For the first 7 days of the pay period (which starts on Sunday and ends on Saturday) record any overtime completed under Week 1 for Blocks 12-16.

-For the last 7 days of the pay period record any overtime completed under Week 2 for Blocks 12-16.

When recording charged overtime, you record the whole hour worked on the left side of the line. You record the "quarter hours" worked on the right-hand side (See below).

-0 for whole hour

-1 for quarter hour (=15 minutes)

-2 for half hour (=30 minutes)

-3 for three-quarter hour (=45 minutes)

Ex. If a plant worked 2 hours and 45 minutes overtime it would be recorded as

2	3
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**Block 12:** This block is filled out anytime regular overtime services are requested outside of the plant's regular operating schedule; this block does not include holiday overtime (See Block 13).

Example: An establishment has approved operating hours of 6:00 AM to 3:00 PM, Monday-Friday.

-The plant requests to begin working at 5:00 AM. This plant would be charged 

1	0
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 hour of overtime in Block 12.

-The plant requests to work until 5:30 PM. This plant would be charged 

2	2
---	---

 hours of overtime in Block 12.

-The plant requests to work on Saturday from 7:00 AM to 10:45 AM. The plant would be charged 

3	3
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 hours of overtime in Block 12.



**Block 21:** Digitally sign the form using your LincPass credentials. This form cannot be printed and signed by hand.

- a. Click box 21 (Inspector's Signature) and the box below will pop up. Click "OK".

**NOTE:** The establishment no longer signs the form.

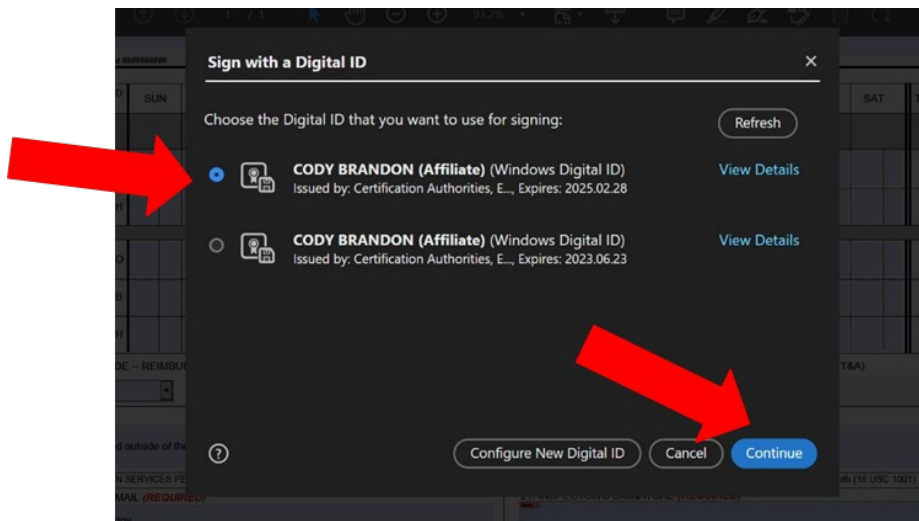
The screenshot shows a portion of a USDA inspection form. A JavaScript warning dialog box is overlaid on the form. The dialog box contains the following text: "Warning: JavaScript Window - Information For Signing and Unsigned", "Choose OK validate the form.", "\*\* If you must unsign this document:", "With your mouse right click on this field and choose the clear signature option.", "Keyboard users:", "Use Ctrl + Shift + F5 to open the left pane. If necessary use the arrow keys to go to your signature. Shift+F10 will open the context menu. Then press C to clear the signature.", and an "OK" button. The form background shows a table with columns for days of the week and a "TOTAL" column. A red arrow points to the "INSPECTOR'S SIGNATURE" field, which is labeled "21 INSPECTOR'S SIGNATURE (REQUIRED)".

- b. The box below will pop-up. Click "OK" again.

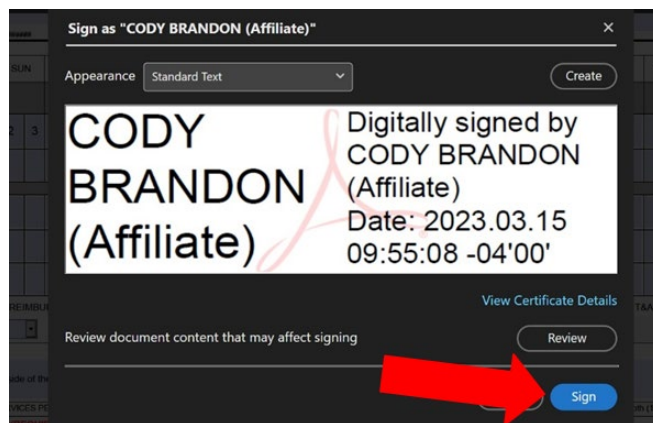
The screenshot shows a JavaScript warning dialog box with the following text: "Warning: JavaScript Window - SELECT SIGNATURE BOX TO SIGN WITH LINC PASS", "All fields are validated. Select OK to sign with your digital ID.", and an "OK" button. A red arrow points to the "OK" button.

- c. You will use your LincPass to Digitally sign the form. Select the LincPass Certificate as shown below then click continue.

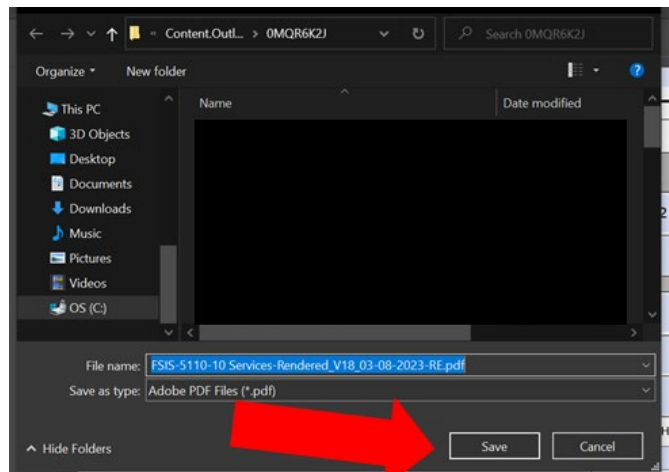
**NOTE:** You may only have one certificate on your pop-up box.



d. Click "Sign" on the next screen.



e. The document will automatically populate a file to be saved. Once you have the file in the location you would like, click "Save".





f. Enter your LincPass PIN and click “OK”

ActivClient Login

ActivID\*  
ActivClient\*

Please enter your PIN.

PIN

OK Cancel

g. The document number has now populated in the form, and you are ready to submit.

1. DOCUMENT NUMBER  
67888359562

2. INSPECTOR'S NAME (Enter legal name) LAST NAME, FIRST NAME (REQUIRED)  
Brandon, Codi

3. INSPECTOR TYPE (REQUIRED)  
 State  Commissioned Corp

4. DATE OF PAY PERIOD (REQUIRED)  
A. CALENDAR YEAR: 2023  
B. PAY PERIOD DATE RANGE: 03/12/2023 - 03/25/2023

5. ESTABLISHMENT NAME (REQUIRED)  
ABC Packing Co

6. ESTABLISHMENT NO. (REQUIRED)  
M00000

7. STREET (REQUIRED)  
1234 Meat Packing Cr.

8. ESTABLISHMENT TELEPHONE NUMBER  
(123) 456-7890

9. CITY (REQUIRED)  
Neverneverland

10. STATE  
NC

11. ZIP CODE  
12345

h. Select the gray box “Submit by email”.

15. BASE B

16. HOLIDAY H

17. SHORTHAND CODE – REIMBURSABLE (Hours should reconcile with inspector's T&A)  
55T529

18. SHORTHAND CODE – VOLUNTARY (Hours should reconcile with inspector's T&A)  
M P PROD REIMB TALM AK

19. REMARKS  
establishment operated outside of the normal hours of operation 3/12 and 3/18

20. INSPECTOR'S EMAIL (REQUIRED)  
codi.brandon@usda.gov

21. INSPECTOR'S SIGNATURE (REQUIRED)  
CODY BRANDON (Affiliate)  
Digitally signed by CODY BRANDON (Affiliate)  
Date: 2023.03.15 09:56:13 -0400

Submit by email

i. When the Send Email box appears click “Remember my choice”. This will prevent you from repeating this step each time. Then, click “Continue”.

(123) 456-7890					Nevemeverland					NC					12345										
Format <del>XXXXXXXXXX</del>																									
WEEK 1													WEEK 2												
# HOURS BY DAY AND TYPE (REQUIRED)	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL																	
REIMBURSABLE Meal/Pantry/Frog Inspection/Report																									
12. OVERTIME O	2	3																							
13. HOLIDAY H																									
VOLUNTARY																									
14. OVERTIME O																									
15. BASE B																									
16. HOLIDAY H																									
17. SHORTHAND CODE -- REIMBURSABLE(Hours should reconcile with inspector's T&A)													SST529												
19. REMARKS													M P PROD REIMB TALMAK												
establishment operated outside of the normal hours of operation on 3/12 and 3/16																									

Send Email

Send Using

Default email application (Microsoft Outlook)

Use Webmail

Select

Remember my choice

Continue Cancel

- j. An email box will appear with your email as well as FSIS.Billing. Add Sharmila Logendran's email, [Sharmila.Logendran@ncagr.gov](mailto:Sharmila.Logendran@ncagr.gov), and the establishment's email to receive a copy of the overtime form before you click send.

File Message **Insert** Draw Options Format Text Review Help Acrobat Tell me

Attach File Poll Signature Table Pictures

To Brandon.Codi - FSIS; FSIS.Billing - FSIS; Logendran, Sharmila <Sharmila.Logendran@ncagr.gov>

Cc

Subject 5110 - Brandon, Codi - Pay Period Ending 03/25/2023 - Document Number 678888359

FSIS-5110-10 Services-Rendered\_V18\_03-08-2023-RE.pdf 2 MB

Form completed for Brandon, Codi

**NOTE:** Talmadge Aiken Overtime Forms (FSIS Form 5110-1) are due to the MPID office **within 7 days** of the pay period ending. If the month ends in the middle of the pay period, send a draft version of the form at the end of the first month then send the finalized form at the end of the pay period.

## Attachment 2

### **Filling out the MPID Statement of Overtime Inspection MPIS Form-2a (State Overtime Form)**

1. This form can be completed over one month's time.
  - a. It goes by weeks One to Five so when completing this form, find the week associated with the calendar for the requested overtime or holiday work.
  - b. Write the date the establishment incurred overtime in the "Date" column in the appropriate Week section (e.g. First Week) and on the appropriate day of the week.
2. Record how many hours the plant worked in quarter hour increments in the "Overtime Hours" section.
  - a. Example: An establishment has approved operating hours of 6:00 AM to 3:00 PM, Monday-Friday.
    - i. The plant requests to begin working at 5:00 AM. This plant would be charged for 1 hour of overtime.
    - ii. The plant requests to work until 5:30 PM. This plant would be charged 2.5 hours of overtime.
    - iii. The plant requests to work on Saturday from 7:00 AM to 10:45 AM. The plant would be charged 3.75 hours of overtime.
3. If multiple inspectors provide overtime for the same establishment, each inspector should have a separate overtime form filled out.

#### **Once your overtime form is completed and ready for submitting:**

1. You will need 2 copies (One for the plant and one for the inspector files)
2. You will sign both copies on the "Inspector's Signature" line at the bottom of the form. A plant management representative will sign in the "Authorized Signature" box beside each day of charged overtime services.
3. Scan a copy of the signed forms to your Area Supervisor and the Accounting Technician (Sharmila Logendran) at [Sharmila.Logendran@ncagr.gov](mailto:Sharmila.Logendran@ncagr.gov) by the 7<sup>th</sup> of the month.
4. File the original in the inspector files. Provide one copy to establishment management.