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ACP Form 2 - Failed Lot Notification

Section A: Complete the following information for the failed lot and send the original to the ACP office within 10 days of test completion. Provide a copy to the Handler for their records.		
Lot description: Lot Id marks:		
Weight:	Lbs. Container size	e/description:
Handler of the product:		
Address:	City:	State: Zip code:
Sampled by:	Date:	Of (Agency)
Section B: To be completed by the Handler. Record if lot passed minimum quality (yes or no) and the certificate number.		
Did lot fail Minimum Quality Standard? Yes: No: Certificate #:		
Section C: To be completed by the Aflatoxin Testing Laboratory. Record if lot passed aflatoxin (yes or no) and the certificate number. Record the aflatoxin results and averages.		
Did lot fail Aflatoxin test requ	uirement? Yes: I	No: Certificate #:
Result for Test 1:	Result for Test 2:	Result for Test 3:
Average result:		
	Average of Test 1 and 2	Average of Test 1,2,3
Signature:		Date:
		pany:
Address:	City:	State: Zip code:

The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of Title 18, Section 1001, United States Code, which provides for a penalty of a fine of \$250,000 for individuals and \$500,000 for organizations or imprisonment of not more than five years, or both

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0215. The time required to complete this information collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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