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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/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 requirement? Yes: \_\_\_\_\_ 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: \_\_\_\_\_

Form Initiator: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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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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