

WA-561 (01-21-04) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency ORIGINAL WAREHOUSE EXAMINATION REPORT (Processed Commodities)	LEAVE BLANK - USDA USE ONLY	
	A. REVIEWED BY	B. DATE (MM-DD-YYYY)
1. TYPE OF STORAGE: DRY <input type="checkbox"/> COOLER <input type="checkbox"/> FREEZER <input type="checkbox"/>		
N O T E The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. 7 CFR Part 1423.4 authorizes the collection of the following data. This information will be used to determine eligibility of warehouses for storing Government-owned or loan commodities. Furnishing the requested information is voluntary; however, without it the Commodity Credit Corporation may cancel the applicable Storage Agreement. This information may be furnished to any agency responsible for enforcing the provisions of the contract. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001, 15 U.S.C. 714m, and 31 U.S.C. 3729, may be applicable to the information provided. 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 0560-0120. The time required to complete this information collection is estimated to average 30 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. RETURN THIS COMPLETED FORM TO KANSAS CITY COMMODITY OFFICE (KCCO), WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205 KANSAS CITY, MO 64141-6205.		
2. NAME AND ADDRESS OF WAREHOUSE TELEPHONE NO. (Area Code): FAX NO. (Area Code):	3. NAME OF WAREHOUSE MANAGER OR SUPERINTENDENT E-MAIL ADDRESS:	
4. HAVE YOU VERIFIED APPLICABLE ITEMS ON APPLICATION FORM (If corrections are made on Form CCC-560, they must be initialed by the warehouse operator and any discrepancies must be explained in detail.) YES <input type="checkbox"/> NO <input type="checkbox"/>		
5A. DOES FIRE PROTECTION APPEAR ADEQUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	5B. IF "NO," EXPLAIN:	
6A. DID YOU FIND EVIDENCE OF EXCESSIVE MOISTURE OR DRYNESS IN WAREHOUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	6B. IF "YES," HOW ARE PRODUCTS PROTECTED?	
7A. IS WAREHOUSE NEAR A STREAM OR BODY OF WATER? YES <input type="checkbox"/> NO <input type="checkbox"/>	7B. IF "YES," TO WHAT HEIGHT DOES WATER RISE ON BUILDING AT HIGHEST WATER MARK?	7C. IF "YES," GIVE DATE OF LAST FLOOD (COMMENT ON SUBSEQUENT PROTECTIVE MEASURES IN REMARKS)
8. COMMENT ON WAREHOUSE OPERATOR'S EXPERIENCE IN STORING OR HANDLING COMMODITIES		
9. OTHER ACTIVITIES IN WAREHOUSE (Include products stored for other than USDA and indicate "field warehouse" operations, if any)		
10. Is 1st floor (not basement) above ground level on all sides?	YES	NO
11. Is the warehouse under control of the warehouse operator at all times?		
12. Does the warehouse appear to be of sound construction and in good condition?		
13. Are facilities adequate for receiving, storing, and delivery?		
14. Are commodities stacked to allow for appropriate housekeeping?		
15. Are sanitation and housekeeping practices satisfactory?		
16. Is a tempering and grading room available (cold storage)?		
17. Do you recommend approval?		
If "NO," to any of Items 10 through 17, explain in Item 18, Remarks or form WA-101.		
18. REMARKS		
19A WAREHOUSE EXAMINER (Signature)	19B. DATE (MM-DD-YYYY)	