

WA-562
(01-21-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

SUBSEQUENT EXAMINATION REPORT
(Processed Commodities)

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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 data 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.**

1A. NAME AND ADDRESS OF WAREHOUSE		2. CODE NO.	3. LICENSE NO.	4. EXPIRATION DATE (MM-DD-YYYY)
TELEPHONE NO. (Area Code):		FAX NO. (Area Code):		
1B. HEADQUARTERS ADDRESS OF WAREHOUSE		5. TYPE OF STORAGE		
TELEPHONE NO. (Area Code):		FAX NO. (Area Code):		DRY <input type="checkbox"/> COOLER <input type="checkbox"/> FREEZER <input type="checkbox"/>

PART A - MANAGEMENT AND FACILITIES

6. NAME OF WAREHOUSE MANAGER OR SUPERINTENDENT (if changed since last examination, please comment)	YES	NO
7. DOES WAREHOUSE MAINTAIN SATISFACTORY RECORDS? (if "NO," issue WA-125)		
8. ARE THE FOLLOWING IN ACCEPTABLE CONDITION? (if "NO," issue WA-125)		
A. FLOORS		
B. WALLS		
C. DOORS		
D. WINDOWS		
E. ROOF		

PART B - STORAGE CONDITIONS

9. ARE ANY DAMAGED CONTAINERS EVIDENT IN GOVERNMENT-OWNED STOCKS (if "YES," was Form WA-570 issued?)	YES	NO
10. IF WA-570 WAS NOT ISSUED, EXPLAIN:		
11. ARE COMMODITIES STACKED TO PROVIDE:		
A. SUFFICIENT CLEARANCE FROM WALLS? (if "NO," issue WA-125)		
B. READY LOT IDENTITY AND INVENTORY VERIFICATION (if "NO," issue WA-125)		
12. DOES IT APPEAR THAT VENTILATION IS ADEQUATE? (if "NO," issue WA-125)		
13. IF DRY STORAGE, IS WAREHOUSE HEATED?		
14. IF COOLER OR FREEZER:		
A. ARE COMMODITIES PROTECTED FROM:		
(1) DAMAGE FROM REFRIGERATION COILS? (if "NO," issue WA-125)		
(2) CONDENSATION FROM REFRIGERATION COILS? (if "NO," issue WA-125)		
B. ARE CONTRACT TEMPERATURES AND HUMIDITIES MAINTAINED? (if "NO," issue WA-125)		
C. DOES WAREHOUSE OPERATOR KEEP REQUIRED TEMPERATURE AND/OR HUMIDITY RECORDS? (if "NO," issue WA-125)		
15. DID YOU NOTE ANY UNUSUAL ACCUMULATION OF RUBBISH OR OTHER UNSATISFACTORY HOUSEKEEPING CONDITIONS (if "YES," issue WA-125)		
16. ARE ANY HAZARDOUS OR ODOROUS CHEMICALS OR OTHER MATERIALS STORED IN OR NEAR CCC APPROVED SPACE (INCLUDING ADJACENT ROOMS OR ATTACHED BUILDINGS)? (if "YES," issue WA-125)		

PART B - STORAGE CONDITIONS (continued)

17. ARE CCC-OWNED COMMODITIES STORED ONLY IN SPACE COVERED BY CONTRACT? (if "NO," issue WA-125)		
18. ARE PALLETS OR ADEQUATE DUNNAGE USED WHERE THERE IS DANGER OF MOISTURE ABSORPTION AND UNDER COMMODITIES REQUIRING AERATION? (if "NO," issue WA-125)		
19. ARE "SAMPLE" UNITS, IF ANY, IN FRONT OF RELATED LOTS OR IN SAME ROOM? (if "NO," issue WA-125)		

PART C - FIRE PROTECTION

20. ALARM SYSTEM (if "YES," indicate type below:)		YES NO
21. AUTOMATIC SPRINKLER: WET <input type="checkbox"/> DRY <input type="checkbox"/>		
22. ARE INSIDE STANDPIPES AND HOSES PROVIDED?		
23. FIRE EXTINGUISHERS:	24. DATE EXTINGUISHER LAST SERVICED (if not serviced within past year issue WA-125)	
NO. SIZE NO. SIZE NO. SIZE	(MM-DD-YYYY)	

PART D - WAREHOUSE INSECT INFESTATION AND RODENT CONTROL INFORMATION

25. DOES WAREHOUSE OPERATOR HAVE A CONTRACT WITH A COMMERCIAL INSECT AND RODENT CONTROL FIRM? (if "YES," give name(s) of firm)	26. NAME AND ADDRESS OF FIRM
INSECTS: YES <input type="checkbox"/> If "YES" Comment in Item 27. NO <input type="checkbox"/>	RODENTS: YES <input type="checkbox"/> If "YES" Comment in Item 28. NO <input type="checkbox"/>
27. Comment on the insect control program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect activity , if found issue WA-125. Send specimen(s) of unidentified insects to KCCO nesting location found.	

A. ACTION TAKEN SINCE LAST EXAM	B. DATE LAST SERVICED	C. MATERIAL USED	D. AREA TREATED	E. SERVICED BY
(1) SPRAYED				
(2) FOGGED				

28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) **Note any evidence of rodent activity , if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found.**

A. ACTION TAKEN SINCE LAST EXAM	B. DATE LAST SERVICED	C. NO. OF TRAPS	D. NO. OF BAIT STATIONS	E. NO. OF OTHER ENTRAPMENT(S) (IDENTIFY)	F. SERVICED BY
RODENT CONTROL					

PART E - GENERAL

29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION?		YES NO
30. IF "YES," HAVE CONDITIONS BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101		
31. WERE ANY ADVERSE CONDITIONS FOUND DURING THIS EXAMINATION?		
32. IF "YES," IN ITEM 31, WERE CONDITIONS CORRECTED?		
33. IF "NO," IN ITEM 31, WAS FORM WA-125 ISSUED?		
34. WAS PHYSICAL INVENTORY TAKEN? (NOTE TOTAL NUMBER OF LOTS OF EACH PRODUCT ON FORM WA-101)		
35A. SIGNATURE OF WAREHOUSE EXAMINER	35B. DATE (MM-DD-YYYY)	