| 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 0583-0092. The time required to complete this information collection is estimated to average 15 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. | | |
|---|------------------------|--|
| U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE REQUEST FOR LABEL RECONSIDERATION | DATE | |
| PRODUCT NAME | APPROVAL FOR | |
| FIRM NAME, ADDRESS, TELEPHONE NUMBER | SKETCH TEMPORARY | |
| | ESTABLISHMENT NUMBER / | |
| | FOREIGN COUNTRY | |
| BARCODE AND/OR APPROVAL NUMBER | | |
| COMPANY REASON(S) FOR REQUESTING LABEL RECONSIDERATION | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SEE CONTINUATION SHEET | | |
| REVIEWER'S REASON FOR DISAPPROVAL OR MODIFICATION | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| REVIEWER'S INITIALS | DATE | |
| | | |
| SIGNATURE OF APPLICANT OR AGENT | DATE | |

| FSIS FORM 8822-4 (10/19/2010) p | age 2 | |
|---|---|----------------------|
| | FOR USDA USE ONLY | |
| | DIRECTOR, LABELING AND PROGRAM DELIVERY DIVISION | |
| Concurrence w/Reviewer | SIGNATURE | DATE |
| Nonconcurrence w/Reviewer (Explain below) | | |
| COMMENTS | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Appeals focus on labeling and star | dards policy issues. The issue(s) addressed on this appeal is/are the one(s) identified by the for disapproval or modification. The label/application has not been evaluated for compliance | company in the space |
| standards regulations or policies, o | r for other issues. Submission of the label/application for evaluation in the normal review proc | cess may yield |
| additional problems that require co | rrection. We suggest that prior to submitting any label, careful consideration be made with reg | |
| with FSIS regulations and policies. | | |
| | ASSISTANT ADMINISTRATOR, OPPD | |
| Concurrence w/Director | SIGNATURE | DATE |
| Nonconcurrence w/Director | | |
| (Explain below) | | |
| COMMENTS | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ADMINISTRATOR, FSIS | |
| Concurrence w/Asst. Admin. | SIGNATURE | DATE |
| Nonconcurrence w/Asst. Admin | | |
| (Explain below) | | |
| COMMENTS | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

CONTINUATION SHEET FOR REQUEST FOR LABEL RECONSIDERATION

| RODUCT NAME: | |
|--|--|
| his sheet is being used for additional information required in Block(s): | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

INSTRUCTIONS FOR PREPARATION OF FSIS FORM 8822-4

FSIS Form 8822-4 is used to request label reconsideration from USDA, FSIS, Labeling and Program Delivery Division (LPDD) for label applications (FSIS Form 7234-1) which have been modified or rejected.

A. PREPARATION OF APPLICATION

Application must be typed, or it will be returned without evaluation.

B. ASSEMBLY OF APPLICATION

Attach **two copies** of the completed FSIS Form 8822-4 along with **two copies** of the rejected or previously modified approval FSIS Form 7234-1 for which you are appealing. Include the rejection letter if applicable. Staple with one or as few staples as possible. Do not use paper clips.

B. MAIL COMPLETED APPLICATION TO:

USDA, FSIS, OPPD, Labeling and Program Delivery Division GWCC, Labeling Distribution Unit - APPEAL 5601 Sunnyside Ave., Stop 5273 Beltsville, MD 20705-5273

Express Mail Only:
USDA, FSIS, OPPD, Labeling and Program Delivery Division
GWCC, Labeling Distribution Unit - APPEAL
5601 Sunnyside Ave., Stop 2279
Beltsville, MD 20705-2279

FAX: 301-504-0873 or 301-504-0875 Telephone: 301-504-0883 (Distribution Unit)

Instructions:

Complete all sections of Page 1 on the FSIS Form 8822-4.

COMPANY REASON(S) FOR REQUESTING LABEL RECONSIDERATION. Provide a reason(s) why the label should not have been modified or rejected. This can be a simple statement. If additional space is needed, check the box for "Continuation Sheet" and use the Continuation Sheet provided.

Written arguments supporting the basis for the appeal must be enclosed with the appeal. In addition, all uncontested modifications to labeling must be made prior to the submission of an appeal. When prior approvals are mentioned in your argument, provide complete, legible copies of the prior approvals. If numerous prior approvals are involved, provide a listing of the approval numbers and a few legible copies of the prior approvals.

REVIEWER'S REASON FOR DISAPPROVAL OR MODIFICATION. Include the label reviewer's reason(s) for the rejection and/or modification. If unsure, leave blank.