

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-xxxx. The time required to complete this information collection is estimated to average 60 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 NONCOMPLIANCE RECORD		TYPE OF NONCOMPLIANCE <input type="checkbox"/> Food Safety <input type="checkbox"/> Other Consumer Protection	
1. DATE	2. RECORD NO.	3. ESTABLISHMENT NO.	
4. TO (Name and Title)		5. PERSONNEL NOTIFIED	
6. RELEVANT REGULATION(S)			
7. RELEVANT SECTION/PAGE OF ESTABLISHMENT PROCEDURE/PLAN ➡		HACCP	SOP
8. ISP CODE			

9. NONCOMPLIANCE CLASSIFICATION INDICATORS					
PLANT PROCESS	A. <input type="checkbox"/> SSOP	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Corrective Action	<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> Implementation
	B. <input type="checkbox"/> HACCP	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Corrective Action	<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> Plant Verification
C. <input type="checkbox"/> PRODUCT	<input type="checkbox"/> Economic	<input type="checkbox"/> Misbranding	<input type="checkbox"/> Protocol		
D. <input type="checkbox"/> FACILITY	<input type="checkbox"/> Lighting	<input type="checkbox"/> Structural	<input type="checkbox"/> Outside Premises	<input type="checkbox"/> Product Based	
E. <input type="checkbox"/> E. COLI	<input type="checkbox"/> Other				

10. DESCRIPTION OF NONCOMPLIANCE:

Check Box Drop-down List

Text

Text Field

11. SIGNATURE OF INSPECTION PROGRAM EMPLOYEE

You are hereby advised of your right to appeal this decision as delineated by 306.5 and/or 381.35 of 9 CFR.

12. PLANT MANAGEMENT RESPONSE: (Immediate action(s)):

13. PLANT MANAGEMENT RESPONSE (further planned action(s)):

This document serves as written notification that your failure to comply with regulatory requirement(s) could result in additional regulatory or administrative action.

14. SIGNATURE OF PLANT MANAGEMENT	15. DATE
16. VERIFICATION SIGNATURE OF INSPECTION PROGRAM EMPLOYEE	17. DATE

NONCOMPLIANCE CLASSIFICATION INDICATORS GUIDE

ACTIVITY	ELEMENT	INDICATOR
Sanitation	Pre-operational Operational	Corrective Action, Recordkeeping, Monitoring, Implementation
	Procedure Review	Basic - results are reported by procedure
HACCP	Hazard Analysis / Plan / Validation / Recordkeeping / Reassessment - Basic	Basic - results are reported by procedure
HACCP - Elements B-J	Observation Records Review	Corrective Action; Recordkeeping; Plant Verification; Monitoring
Microbiological Testing - FSIS	Directed Sampling - e.g., Listeria, Salmonella, E. Coli	Performed
Microbiological Testing - Establishment	E. COLI Written Specimen Absence of Testing Recording Test Results	Basic - results are reported by procedure
	Sample Collection Sample Analysis Records of Test	<u>Other</u>
Sampling	Salmonella	No Indicator - results reported as performed
	Economic	
	Directed	
	Residue	No Indicator - results reported by procedure
Other Inspection Requirements	Export	Misbranding or No Indicator - results reported by procedure
	Custom Exempt / Retail Facilities and Equipment Condemned and Inedible Sewage Water Pest and Rodent Control	Lighting Structural Outside Premises Product Based
Economic / Wholesomeness	% Yield / Shrink X% Solution MSS / MSP / PDBFT / PDPFT / etc. Batter / Breeding Product Standards CN / Grade Labeling / etc. Net Weight General Labeling Finished Product Standards / AQL / Boneless Meat, etc.	Economic Misbranding Protocol

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

**NONCOMPLIANCE RECORD
CONTINUATION SHEET**

TYPE OF NONCOMPLIANCE

Food Safety

Other Consumer Protection

1. DATE	2. RECORD NO.	3. ESTABLISHMENT NO.		
4. TO (Name and Title)		5. PERSONNEL NOTIFIED		
6. RELEVANT REGULATION(S)				
7. RELEVANT SECTION/PAGE OF ESTABLISHMENT PROCEDURE/PLAN ➔		HACCP	SOP	OTHER
8. ISP CODE		9. NONCOMPLIANCE INDICATOR		
10. DESCRIPTION OF NONCOMPLIANCE:				

11. SIGNATURE OF INSPECTION PROGRAM EMPLOYEE	12. DATE
--	----------