

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE FIELD OPERATIONS  <b>REQUEST AND NOTICE OF          SHIPMENT OF          SEALED MEAT/POULTRY</b>	<b>DISTRIBUTION:</b>	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 0583-0094. The time required to complete this information collection is estimated to average 5 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.
	1 copy: Food Inspector at Destination	
	1 copy: Inside Sealed Car	
	1 copy: Origin Est.	

**SECTION A-REQUEST (To be completed by the Packer)**

**ORIGIN**

1. ESTABLISHMENT NO.	2. TIME TO BE SEALED <input type="checkbox"/> AM/ <input type="checkbox"/> PM	3. DATE (Mo., day & year)	4. METHOD OF SHIPMENT <input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK	5. CAR OR TRUCK NO.
6. LOCATION (City & State)				

**DESTINATION**

7. ESTABLISHMENT NO.	8. LOCATION (City & State)
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**9. PRODUCT**

MARKED PRODUCT			DESCRIPTION			UNMARKED MEAT/POULTRY		
NUMBER PIECES	POUNDS A	GREEN WT. CURED PRO- DUCT B	CLASS C	CUT OR PART D	CURE E	NUMBER PIECES F	POUNDS H	GREEN WT. CURED PRO- DUCT I
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
			<b>10. TOTALS</b>					

**CERTIFICATION**

**I certify that the above description is correct.**

11. REASON FOR SHIPPING PRODUCTS UNDER SEAL		
12. SIGNATURE OF ESTABLISHMENT EMPLOYEE	13. TITLE	14. DATE OF REQUEST

**SECTION B - NOTIFICATION (To be completed by the Food Inspector)**

15. TO: FOOD INSPECTOR AT DESTINATION ESTABLISHMENT				
16. GOVT. SEALS (NUMBERS)	17. TIME REQUEST TO SEAL WAS REC'D <input type="checkbox"/> AM/ <input type="checkbox"/> PM	18. TIME SEALED <input type="checkbox"/> AM/ <input type="checkbox"/> PM	19. DATE AFFIXED ON ABOVE CAR/TRUCK	20. SIGNATURE OF FOOD INSPECTOR

**NOTE:** IF UPON ARRIVAL AT DESTINATION, BOTH OF THE SEALS MENTIONED ARE NOT INTACT, OR IF ONE OR BOTH OF THEM ARE MISSING, THE EXACT FACTS, INCLUDING KIND AND AMOUNT OF MEAT/POULTRY IN THE CAR AND ITS DISPOSITION, SHOULD BE REPORTED OVER THE SIGNATURE OF THE INSPECTOR IN CHARGE, ON THE BACK OF THIS SLIP, TO THE REGIONAL DIRECTOR WITHIN THE RECEIVING REGION.