Form Approved - OMB No. 0560-0120

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| **WA-221 U.S. DEPARTMENT OF AGRICULTURE**  (10-31-11) Farm Service Agency  **EXAMINATION REPORT**  (Supplement 1) | | | | | 1. NAME AND LOCATION OF WAREHOUSE | | | | | | | 2. LICENSE AND CODE NO. | | | | | 3. CUTOFF DATE  *(MM-DD-YYYY)* |
| **A. RECORDS AND ACCOUNTS:** | | | | | | | | | | | | | | | | | |
| 4. DESCRIBE THE SYSTEM OF ACCOUNTS AND STOCK RECORDS USED | | | | | | | | | | | | | | | | | |
| 5A. IS A FIREPROOF SAFE, VAULT, OR COMPARTMENT PROVIDED  FOR SAFEKEEPING OF RECEIPTS AND RECORDS?  YES  NO | | | | | | | 5B. IF "NO", EXPLAIN | | | | | | | | | | |
| **B. FIRE-PROTECTION EQUIPMENT AND WAREHOUSE SECURITY:** | | | | | | | | | | | | | | | | | |
| 6. DISTANCE TO NEAREST  FIRE STATION | 7. WHAT IS THE SOURCE OF WATER SUPPLY? | | | | | | | | 8. IF WATER SUPPLY IS FROM, OR SUPPLEMENTED BY, OTHER THAN  CITY CONNECTIONS, EXPLAIN FULLY | | | | | | | | |
| 9. IS HYDRANT SYSTEM PROVIDED?  YES  NO | | | | 10. NUMBER OF HYDRANTS | | | | | | | 11. SIZE OF HYDRANTS | | | | | | |
| 12. LOCATION OF HYDRANTS | | | | | | | | | | | 13. ADEQUATE HOSE PROVIDED?  YES  NO | | | | | | |
| 14A. DESCRIBE ANY ADDITIONAL FIRE PROTECTION EQUIPMENT  INCLUDING PUBLIC FACILITIES | | | | | | 14B. WATCHMAN SERVICE  FIRE  OTHER  *(Explain below:)* | | | | | | | | | 14C. IF WATCHLOCK USED | | |
|  | | | | | |  | | | | | | | | | NO. STATIONS | HOURLY  HALF HOURLY | |
|  | | | | | | SECURITY | | | |  | | | | |  |  | |
| 15A. IS THE WAREHOUSE PROPERTY ENCLOSED?  YES  NO | | | | | | 15B. IF "YES," HOW? | | | | | | | | | | | |
| 16. IS A WRITTEN SECURITY PLAN IN PLACE THAT INCLUDES MEASURES TO PROTECT COTTON  HANDLED AND STORED? | | | | | | | | | | | | | YES  NO  (*IF “NO”, ISSUE WA-125)* | | | | |
| 17. HAS WAREHOUSE OPERATOR CONDUCTED A FACILITY VULNERABILITY ASSESSMENT  AND ESTABLISHED PROCEDURES THAT ADDRESS (**EACH** OF THE FOLLOWING)?    A. GENERAL SECURITY OF THE PHYSICAL STRUCTURES AND GROUNDS OF THE WAREHOUSE,  B. SHIPPING AND RECEIVING PROCEDURES TO ENSURE THAT COTTON IS NOT SUBJECT TO TAMPERING,  C. ACTION TO BE TAKEN IN THE EVENT OF A NATIONAL EMERGENCY, AND  D. CONTACT INFORMATION FOR LOCAL SECURITY AUTHORITIES. | | | | | | | | | | | | | YES  NO  (*IF “NO”, ISSUE WA-125)* | | | | |
| **C. SHIPPING FACILITIES:** | | | | | | | | | | | | | | | | | |
| 18. RAILROAD SERVING WAREHOUSE | | | | | | | | 19. WHAT OTHER SHIPPING FACILITIES ARE ACCESSIBLE? | | | | | | | | | |
| 20. CAN THE WAREHOUSE OPERATOR LOAD OUT ACCORDING TO THE  SHIPPING STANDARD? *(If "NO", issue WA-125)*  YES  NO | | | | | | | | 21. SIZE OF THE STAGING AND SHIPPING AREA | | | | | | | | | |
| **D. HANDLING EQUIPMENT:** | | | | | | | | | | | | | | | | | |
| 22. DESCRIBE THE EQUIPMENT FOR RECEIVING, STORING, AND DELIVERING THE PRODUCT | | | | | | | | | | | | | | | | | |
| 23. NO. OF SCALES USED | | 24. TYPE | | | | | | 25. LOCATION | | | | | | | | | |
| 26. HOW OFTEN TESTED? | | 27. HOW TESTED? | | | | | | 28. ARE TEST WEIGHTS AVAILABLE?  YES  NO | | | | | | 29. BY WHOM TESTED *(Name or Title)*? | | | |
| 30. DESCRIBE SPACE OR CONTAINER PROVIDED FOR KEEPING LOOSE PRODUCTS OR SAMPLES | | | | | | | | | | | | | | | | | |
| 31. DO YOU RECOMMEND ISSUANCE OF A WAREHOUSE OPERATOR'S LICENSE AND/OR APPROVAL FOR STORAGE OF GOVERNMENT LOAN OR OWNED COTTON? YES  NO  (*IF “NO”, EXPLAIN FULLY ON WA-101)* | | | | | | | | | | | | | | | | | |
| **All of the statements and answers on this and attached examination reports are true and correct to the best of my knowledge and belief.** | | | | | | | | | | | | | | | | | |
| 32A. NUMBER OF ATTACHED WA-222's | | | 32B. DATE SIGNED *(MM-DD-YYYY)* | | | | | 32C. EXAMINER'S SIGNATURE | | | | | | | | | |

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| **NOTE:** | *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended).  The authority for requesting the information identified on this form is 7 CFR Part 735, 7 CFR Part 1423, 7 CFR Part 1427, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to determine whether licensee has required facilities and is operating in accordance with the United States Warehouse Act, regulations or contractual requirements. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File.  Providing the requested information is voluntary.  However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act.*  *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.*  *The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.* ***RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.*** |

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