**IDAHO-EASTERN OREGON ONION COMMITTEE**

P.O. BOX 909, PARMA, ID 83660

PHONE: 208-772-5111 FAX: 208-722-6582

**IDAHO-EASTERN OREGON ONION FRESH CUT REPORT**

This form is to be completed daily for all fresh market onions that have been peeled, chopped or sliced within the production area. This form is due to the Idaho-Eastern Oregon Onion Committee (Committee) within 72 hours of alteration.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Peeling, Chopping, or Slicing:** | | | | | |  | |
|  |  | |  | | |  | | |  |  | |  |  |  |  |
| **Inspection Certificate No.** | | | **Quantity** | | | **Container Information** | | | **Hundredweight before Alteration (cwt.)** | | | | | |
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| **TOTAL Hundredweight** | | | | | | | | |  | | | | | |
| I, the undersigned, hereby certify to USDA and to the Committee that this report represents all onions that have been peeled, chopped, or sliced for the fresh market by our firm for the date specified. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. 1001). | | | | | | | | | | | | | | |
| Signature | |  | | Name |  | | | | | | | | | |
| Title | |  | | Date |  | | | | | | | | | |
| Firm | |  | | | Phone | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | |
| City | |  | | State |  | | | Zip Code | | |  | | | |

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