

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 numbers for these information collections are 0579-0015 and 0579-0245. The time required to complete this information collection is estimated to average 2 hours 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.

OMB APPROVED
0579-0015 and
0579-0245

No inspection or storage in an approved establishment can be made unless a completed application has been received (9 CFR 93, 94 and 95).

INSTRUCTIONS: Submit an original and one copy to address below. The original will be returned, the copy retained.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
RIVERDALE, MD

APPLICATION FOR APPROVAL OR REPORT OF INSPECTION OF
ESTABLISHMENT HANDLING RESTRICTED ANIMAL BYPRODUCTS OR
CONTROLLED MATERIALS

1. CURRENT INSPECTION DATE		2. LAST INSPECTION DATE		3. CURRENT AGREEMENT DATE		4. AGREEMENT EXPIRATION DATE	
5. AREA OFFICE				6. BYPRODUCTS TO BE RECEIVED BY <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> CONTAINER OR TRAILER			
7. INSPECTIONS <input type="checkbox"/> INITIAL <input type="checkbox"/> REINSPECTION <input type="checkbox"/> SPECIAL <input type="checkbox"/> ANNUAL				8. TRUCK OR RAIL SHIPPING ADDRESS			
9. NAME AND MAILING ADDRESS OF ESTABLISHMENT (Include ZIP Code)				10. COUNTRIES WHERE RESTRICTED PRODUCTS ORIGINATE			
TELEPHONE NUMBER ()		GPS NUMBER		11. APPROXIMATE YEARLY VOLUME			
DUN AND BRADSTREET NUMBER							
12A. NAME OF CONTACT AT ESTABLISHMENT							
12B. TITLE OF CONTACT PERSON AT ESTABLISHMENT				13. NAME EACH RESTRICTED PRODUCT, BYPRODUCT, OR MATERIAL TO BE HANDLED			
15. IS THERE ADEQUATE SEPARATION OF RESTRICTED/UNRESTRICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO				14. METHOD(S) USED FOR SEWAGE AND EFFLUENT DISPOSAL			
17. HOW ARE BYPRODUCTS TO BE MOVED TO STORAGE FACILITY?				16. IN YOUR OPINION DOES THIS SEPARATION MEET APHIS REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain in remarks, Block 25.)			
19. IF SEPARATE STORAGE FACILITIES ARE MAINTAINED, DESCRIBE CAPACITY AND CONSTRUCTION MATERIAL				18. HOW ARE BYPRODUCTS TO BE MOVED TO PROCESSING AREA?			
20. DESCRIBE IN DETAIL, PROCESSING AND/OR DISINFECTION OF THE RESTRICTED MATERIAL (Do not site VS Memo)							
21. METHODS USED TO CONTROL PROCEDURE IN ITEM 20 (Consider temperature, time recording devices, vacuum or pressure gauges, chemical analysis, pH determinations.)							
22. WHAT PERSON(S) SUPERVISED THE WORK IN ITEM 20 OR CONDUCTED TESTS?				23. WHAT DISINFECTANT WAS USED ON CAR, TRUCK, ETC.?			
24. WHAT METHOD WAS USED TO CLEAN AND DISINFECT (Include disinfection or destruction of containers)?							
25. REMARKS							
26. SIGNATURE OF INSPECTOR			27. PLEASE TYPE OR PRINT NAME			28. TITLE	
29. RECOMMEND APPROVAL (Signature)			30. DATE	31. STAFF VETERINARIAN IMPORT/EXPORT (Signature)			32. DATE