**This form is available electronically.** Form Approved - OMB No. 0560-0120

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| **WA-580-1** **U.S. DEPARTMENT OF AGRICULTURE**(10-31-11) Farm Service Agency**TRANSLOADING INSPECTION CHECKLIST** |
| **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, 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 document transloading inspections. 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 and ineligibility to store and handle Commodity Credit Corporation interest commodities.**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.*** |
| 1. Terminal:       | 2. Code:       |
| 3. Location:       |
| 4. Name of Port:       |
| 5. Examiner:       | 6. Inspection Date:       |
| **PART A – TERMINAL INFRASTRUCTURE** |
| **ITEM** | **REQUIREMENT** | **PASS** | **FAIL** | **N/A** | **OBSERVATIONS** |
| 1 | Premises are well drained. |   |   |   |       |
| 2 | Adjoining property or nearby water source does not constitute an undue physical hazard to commodities. |   |   |   |       |
| 3 | Buildings and grounds are free of weeds, clutter trash, unused equipment, or spilled commodities. |   |   |   |       |
| 4 | Dock areas are clean with a minimal accumulation of dust. |   |   |   |       |
| 5 | Dock/transloading area is located on a hard surface adequate to allow for clean-up and maintenance. |   |   |   |       |
| 6 | Commodities are protected from inclement weather during transloading process. |   |   |   |       |
| 7 | Loaded ocean container storage/staging area is located on a hard surface adequate to protect the commodity. |   |   |   |       |
| 8 | Commodities are protected from bird droppings, dust, filth and stains. |   |   |   |       |
| 9 | Personal hygiene facilities readily available for transloading personnel. |   |   |   |      |
| 10 | Area is free of objectionable odors. |   |   |   |       |
| 11 | Hazardous materials or contaminants are not stored near commodities. |   |   |   |       |
| 12 | Damaged or nonconforming products are removed from the commodity handling areas. |   |   |   |      |
| 13 | Area is free of pests and insects. |   |   |   |       |
| 14 | Access is granted for authorized personnel only. |   |   |   |       |
| 15 | Security of the physical structures and grounds is adequate. |   |   |   |       |
| 16 | Operator has an emergency action plan. |   |   |   |       |
| 17 | Contact information for local authorities is easily accessible. |   |   |   |       |
| **PART B - SIGNATURE** |
| 1. NAME OF WAREHOUSE EXAMINER      | 2. SIGNATURE OF WAREHOUSE EXAMINER | 3. DATE *(MM-DD-YYYY)*      |

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