

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-xxxx. The time required to complete this information collection is estimated to average 15 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.

Office of Public Health Science Accredited Laboratory Program Athens, GA 30605	US Department of Agriculture Food Safety and Inspection Service FSIS Accredited Laboratory Program Annual Contact Update
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LABORATORY NAME: _____

Accredited Laboratory Program (ALP) Laboratory Number: _____

1. Has the laboratory or any individual or entity responsibly connected with the laboratory been indicted or have charges been brought against the laboratory or responsibly connected individual or entity, in a Federal or State court, concerning any of the following violations of law since last updating contact information for this program?	Yes	No
A. Any felony	<input type="checkbox"/>	<input type="checkbox"/>
B. Any misdemeanor based upon acquiring, handling, or distributing of unwholesome, misbranded, or deceptively packaged food or upon fraud in connection with transactions in food.	<input type="checkbox"/>	<input type="checkbox"/>
C. Any misdemeanor based on false statement to any government agency.	<input type="checkbox"/>	<input type="checkbox"/>
D. Any misdemeanor based upon the offering, giving, or receiving of bribe or unlawful gratuity.	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any pertinent information changed since last updating contact information for this program? <i>(If you answered "No", you have completed this update. Please sign this form and return to the ALP. Otherwise please complete the rest of the form. If no information has changed in any section of the form, you may indicate so and skip the section.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

STREET ADDRESS (PO Box alone is not acceptable): _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME AND TITLE OF PRIMARY CONTACT:

_____	_____
NAME	TITLE

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME AND TITLE OF OWNER/MANAGER:

_____	_____
NAME	TITLE

3. Is your laboratory currently accredited by any other program? Yes No

If you answered yes in section 3, please provide the name and description of the program(s).

NAME: _____

DESCRIPTION: _____

3. LABORATORY SUPERVISOR HAS A BACHELOR'S DEGREE OR HIGHER IN: <i>Proof is subject to verification with the degree granting institution.</i>	Years Experience	
Chemistry	_____	_____
Food Science	_____	_____
Food Technology	_____	_____
Related Field (specify): _____	_____	_____

I certify that, to the best of my knowledge and belief, all information contained herein is true and understand that any willful falsification of this certification is a felony and may result in a fine of \$250,000 or more for an individual or \$500,000 or more for a corporation and imprisonment for not more than 5 years or both (18 USC 1001, 3571, and 3623).

SIGNATURE OR OWNER/MANAGER	DATE