ADMINISTRATIVE COMMITTEE FOR PISTACHIOS

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FAILED LOT DISPOSITION AND REWORK REPORT

| Section A: Complete and submit the followin Administrative Committee for Pistachios (ACP) | and retain a copy for your records. | If rework is not select | ted as a remedy, submit the failed lot |
|---|-------------------------------------|-------------------------|--|
| disposition within 10 days to the ACP. Inshell le as export or for non-human consumption. | ots can be reworked only once for a | aflatoxin. Upon second | l rejection they must be shelled, sold |
| 1 1 | Let ID ment | | |
| Lot description: | Lot ID marks: | | |
| | | | |
| Handler of the product: | | | |
| Address: | Cont No . | Data | |
| Maximum Aflatoxin: pass / fail Minimum Quality: pass / fail | Cert No.: | Date: | |
| Is this an inshall lot and has it failed af | Letovin more than once? (ve | Date | |
| Is this an inshell lot and has it failed aflatoxin more than once? (yes/no) | | | |
| Section B: Complete the applicable sections based on product disposition. | | | |
| <u>B1. Non-Human Consumption</u> : | Pounds shipped: | 1 | BL No.: |
| Product Shipped To: Phone No.: | | | |
| Address: | | | |
| Description of use: | | | |
| | | | |
| <u>B2. Export</u> : Pounds shippe | d: | BL No.: | |
| Customer: | | | |
| Address: | | | |
| B3. Rework: Total Pounds: | Accepted: | Reje | ected: |
| Location of rework: | | | |
| Address: | City: | State: | Zip code: |
| Description of use: | | | |
| Description of use: | New lot ID: | | |
| New container / size description: | | | |
| If reworked for Minimum Quality did lot pass retest? (yes/no):Cert No.: | | | |
| If reworked for Maximum Aflatoxin, di | | | |
| Aflatoxin Results: Sample 1: | | | |
| Average: Samples 1 & 2: | Samples 1, 2, & 3: | | |
| B4. Shelled: Pounds shelled: | | | |
| Address: | | | |
| Handler Signature: | | | |
| Name: | | Title | |

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 0581-0215. The time required to complete this information collection is estimated to average 12 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.

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