U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
POUTLRY PROGRAMS

SHELL EGG GRADING VOLUME REPORT

1. NAME AND ADDRESS OF WORK LOCATION *(Include Zip Code)*:

2 (a). Plant No.

2 (b). Fee Request No.

OMB APPROVED - NO. 0581-0128

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3. REPORTING PERIOD

☐ Daily ☐ Weekly ☐ Billing Period

4. From

5. To

ADMINISTRATIVE VOLUME

6. TOTAL RECEIVED

ACCEPTANCE SERVICE VOLUME

7. SIZE	8. GRADE	9. ACCEPTANCE SERVICE	10. EXPORT COUNTRY CODE	11. GRADED	12. CONSUMER LABELED	13. 30 DOZ. CASES ACCEPTED	14. 30 DOZ. CASES RETAINED

CERTIFICATION STATEMENTS

I certify that the volumes stated above are the volumes of products processed and received.

_____

Signature of Plant Manager

I certify that the volumes of products processed and received, as stated above, are correct to the best of my knowledge and the product officially identified as marked.

_____

Signature of Grader

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the information to be supplied on thi s form and by supplements to this form is the Agricultural Marketing Act of 194 6, as amended (7 U.S.C. 162-1627) to provide voluntary grading programs. Response is required to obtain volume of shell eggs (7CFR56.52(a)(4)) to determine the administrative volume charge per billing period.

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 0581-0128. The time required to complete this information collec tion is estimated to average 45 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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