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 0579-0013. The time required to complete this information collection is estimated to average 0.15 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
0579-0013
EXP: XX/XXXX

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

CENTER FOR VETERINARY BIOLOGICS (CVB) INSPECTION AND COMPLIANCE FACILITY DOCUMENT SUBMISSION WORKSHEET

All buildings, appurtenances, and equipment used in the preparation of biological products shall be in compliance with Title 9, Code of Federal Regulations, Part 108, Facility Requirements for Licensed Establishments. Completion of this worksheet facilitates review of facility documents submitted to CVB Inspection and Compliance.

1. USDA VETERINARY BIOLOGICS ESTABLISHMENT NUMBER		2. ESTABLISHMENT SITE ADDRESS RELATED TO SUBMISSION	A. ESTABLISHMENT NAME	B. ADDRESS		
			C. CITY	D. STATE	E. COUNTRY	F. ZIP CODE
3. DATE SUBMITTED						

4. DOCUMENTS SUBMITTED

A. TYPE OF DOCUMENT	B. COMMENTS	CVB USE ONLY
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐
		☐

5. MISCELLANEOUS DOCUMENT TYPE *(not listed above)*

		☐
		☐

6. COMMENTS *(Include pertinent information but be succinct, maximum 200 characters. Do not repeat information found elsewhere on this form.)*		
7. SUBMITTER SIGNATURE *(or liaison/alternate liaison)*	A. SIGNATURE	B. DATE

FOR CVB USE ONLY

8. MAIL LOG NUMBER			
9. CVB ACTION	☐ A. DOCUMENTS FILED	☐ B. DOCUMENTS FILED, REVISIONS REQUESTED	☐ C. DOCUMENTS RETURNED
10. APHIS REPRESENTATIVE SIGNATURE	A. SIGNATURE.		B. DATE