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| 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 number for this collection is 0579-0323. The time required to complete this information collection is estimated to average .5 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  0579-0323  EXP XX/XXXX |
| UNITED STATES DEPARTMENT OF AGRICULTURE  ANIMAL AND PLANT HEALTH INSPECTION SERVICE  VETERINARY SERVICES  **trichinae herd certification feed mill quality assurance affidavit** | | | |
| Purpose: the presence of trichinae encysted larvae in the meat of dead mammals is a source for exposing swine to organisms. The feed that swine consume in this program must not contain uncooked meat scraps, wildlife carcasses or rodent carcasses to enable the certification of the site. The affidavit is intended to lead the discussion between the producer and the mill manager or quality assurance officer to ensure the quality and safety of the feed that is being delivered to the pork production site, especially as it relates to trichinae.  Objectives: The trichinae author shall review this affidavit for completeness and indication of the quality assurances in place at the feed mill. | | | |
| Name of Production Site: | Name of Producer: | | |
| Name of Feed Mill: | Address of Feed Mill: | | |
| Name and Title of Feed Mill Representative: | | | |
| The above named feed mill is adhering to the following Good Manufacturing Processes Guidelines: | | | |
| With these guidelines the feed mill has implemented the following Pest Management Practices: | | | |
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| The rodent control system for feed mill is maintained  internally or  by a pest control professional *(check one)* on a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate time length, i.e. “weekly”)* basis. | | | |
| If the services of a pest control professional are being used enter name and address here: | | | |
| Yes  No *(check one)* The above named feed mill maintains records of pest management practices or has the records generated by the pest control professional. These records should be available to guide discussion of current rodent control practices and levels of rodent infestation. | | | |
| With this signature I attest to the accuracy of the above information as being true to the best of my knowledge. | | | |
| Signature of Feed Mill Representative: | | Date: | |
| With this signature I attest to the accuracy of the above information as being true to the best of my knowledge. | | | |
| Signature of Producer: | | Date: | |

This affidavit is valid for a period of 2 years after the date of the above signatures.

VS FORM 7-13

June 2011