OMB APPROVED
0579-0015
EXP Date
XX/XXXX

No inspection or storage in an approved establishment can be made unless a completed application has been received (9 CFR 93, 94 and 95).

INSTRUCTIONS: Submit an original and one copy to address below. The original will be returned, the copy retained.

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

APPLICATION FOR APPROVAL OR REPORT OF INSPECTION OF ESTABLISHMENT HANDLING RESTRICTED ANIMAL BYPRODUCTS OR CONTROLLED MATERIALS

1. CURRENT INSPECTION DATE

2. LAST INSPECTION DATE

3. CURRENT AGREEMENT DATE

4. AGREEMENT EXPIRATION DATE

5. AREA OFFICE

6. BYPRODUCTS TO BE RECEIVED BY

☐ RAIL ☐ TRUCK ☐ CONTAINER OR TRAILER

7. INSPECTIONS

☐ INITIAL ☐ REINSPECTION ☐ SPECIAL ☐ ANNUAL

8. TRUCK OR RAIL SHIPPING ADDRESS

9. NAME AND MAILING ADDRESS OF ESTABLISHMENT (*Include ZIP Code*)

10. COUNTRIES WHERE RESTRICTED PRODUCTS ORIGINATE

TELEPHONE NUNBER ( )

GPS NUMBER

DUN AND BRADSTREET NUMBER

12A. NAME OF CONTACT AT ESTABLISHMENT

11. APPROXIMATE YEARLY VOLUME

13. NAME EACH RESTRICTED BYPRODUCT OR MATERIAL TO BE HANDLED PRODUCT(S

12B. TITLE OF CONTACT PERSON AT ESTABLISHMENT

14. METHOD(S) USED FOR SEWAGE AND EFFLUENT DISPOSAL

15. IS THERE ADEQUATE SEPARATION OF RESTRICTED/UNRESTRICTED
☐ YES ☐ NO

16. IN YOUR OPINION DOES THIS SEPARATION MEET APHIS REQUIREMENTS
☐ YES ☐ NO (*If no, explain in remarks, Block 25.*)

17. HOW ARE BYPRODUCTS TO BE MOVED TO STORAGE FACILITY

18. HOW ARE BYPRODUCTS TO BE MOVED TO PROCESSING AREA

19. IF SEPARATE STORAGE FACILITIES ARE MAINTAINED DESCRIBE CAPACITY AND CONSTRUCTION MATERIAL

20. DESCRIBE IN DETAIL PROCESSING AND/OR DISINFECTION OF THE RESTRICTED MATERIAL (*Do not site VS Memo*)

21. METHODS USED TO CONTROL PROCEDURE IN ITEM 20 (*Consider temperature, time recording devices, vacuum or pressure gages, chemical analysis, ph determinations.)*

22. WHAT PERSONS SUPERVISED THE WORK IN ITEM 20 OR CONDUCTED TESTS

23. WHAT DISINFECTANT WAS USED ON CARS, TRUCK, ETC.?

24. WHAT METHOD WAS USED TO CLEAN AND DISINFECT (*Include disinfection or destruction of containers*)

25. REMARKS

26. SIGNATURE OF INSPECTOR

27. PLEASE TYPE OR PRINT NAME

28. TITLE

29. RECOMMEND APPROVAL (*Signature*)

30. DATE

31. STAFF VETERINARIAN IMPORT/EXPORT (*Signature*)

32. DATE