

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 0583-0153. The time required to complete this information collection is estimated to average 20 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. To submit electronically, complete the electronically-fillable form and save the form on your hard drive. Print the form and sign it. Scan the form and e-mail the completed form to the Grant Curator in the appropriate [FSIS District Office](#). For paper copies, send the signed application form to the Grant Curator at the District Office mailing address.

U. S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE  <b>HOURS OF OPERATION REQUEST/APPROVAL</b>	1. ESTABLISHMENT NO.: _____ 2. DATE: _____
3. DISTRICT OFFICE NAME AND MAILING ADDRESS: _____	
4. ESTABLISHMENT NAME, MAILING ADDRESS, AND E-MAIL ADDRESS: _____	5. PHYSICAL LOCATION OF ESTABLISHMENT: _____

6. TYPES OF INSPECTION: *(check all that apply)*

MEAT     
  POULTRY     
  IMPORT     
  EGG PRODUCTS     
  SILURIFORMES - FISH

**SCHEDULE OF OPERATIONS**

FIRST SHIFT				SECOND SHIFT			
DAYS	START TIME	LUNCH	END TIME	DAYS	START TIME	LUNCH	END TIME
SUN.				SUN.			
MON.				MON.			
TUES.				TUES.			
WED.				WED.			
THURS.				THURS.			
FRI.				FRI.			
SAT.				SAT.			

EXEMPT ACTIVITIES			JURISDICTION	
CUSTOM SLAUGHTER (livestock only)  <input type="checkbox"/> YES <input type="checkbox"/> NO	CUSTOM EXEMPT PROCESSING (livestock only)  <input type="checkbox"/> YES <input type="checkbox"/> NO	RETAIL EXEMPT  <input type="checkbox"/> YES <input type="checkbox"/> NO	DUAL JURISDICTION ESTABLISHMENT with FDA  <input type="checkbox"/> YES <input type="checkbox"/> NO	

**COMMENTS:**

PRINTED NAME OF APPLICANT:		DATE:
SIGNATURE OF APPLICANT:		

**FSIS USE ONLY**

FRONTLINE SUPERVISOR:  RECOMMENDED       NOT RECOMMENDED

**COMMENTS:**

PRINTED NAME OF FRONTLINE SUPERVISOR:		DATE:
SIGNATURE OF FRONTLINE SUPERVISOR:		

**DISTRICT MANAGER USE**

DISTRICT MANAGER:  APPROVED       NOT APPROVED

The assigned inspector's tour of duty for your establishment is \_\_\_\_\_.

Should you request overtime or holiday inspection service outside of the assigned inspector's tour of duty, if granted, you shall reimburse FSIS in accordance with 9 CFR 307.5(a) or 9 CFR 381.38.

DISTRICT MANAGER SIGNATURE:		DATE:
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