

**WA-562**  
(07-31-18)

**U.S. DEPARTMENT OF AGRICULTURE**  
Agricultural Marketing Service

**SUBSEQUENT EXAMINATION REPORT**  
**(Processed Commodities)**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 735, 7 CFR Part 1423, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to determine whether the warehouse operator has required facilities and is operating in accordance with the United States Warehouse Act, regulations or agreement requirements. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act and ineligibility to store and handle Commodity Credit Corporation interest commodities.

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 0581-0305. The time required to complete this information collection is estimated to average 30 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.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE WAREHOUSE AND COMMODITY MANAGEMENT DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.**

1A. Warehouse Name and Address (Including Zip Code)		2. Code Number	3. License Number	4. Expiration Date (MM-DD-YYYY) (If applicable)
1B. Telephone Number (Area Code)	1C. Fax Number (Area Code)			
5A. Headquarters Address of Warehouse (Including Zip Code)		6. Type of Storage  Dry <input type="checkbox"/> Cooler <input type="checkbox"/> Freezer <input type="checkbox"/>		
5B. Telephone Number (Area Code)	5C. Fax Number (Area Code)	5D. E-Mail Address		

**PART A – MANAGEMENT AND FACILITIES**

7. Name of Warehouse Manager or Superintendent (If changed since last examination, please comment.)	<b>YES</b>	<b>NO</b>
8. Does warehouse maintain satisfactory records? (If "NO", issue form WA-125.)		
9. Are the following in acceptable condition? (If "NO", issue form WA-125.)		
A. Floors		
B. Walls		
C. Doors		
D. Windows		
E. Roof		

**PART B – STORAGE CONDITIONS**

	<b>YES</b>	<b>NO</b>
10. Are any damaged containers evident in Government-Owned stocks? (If "YES", was form WA-570 issued?)		
11. If WA-570 was not issued, explain:		
12. Are commodities stacked to provide:		
A. Sufficient clearance from walls? (If "NO", issue form WA-125.)		
B. Ready lot identity and inventory verification? (If "NO", issue form WA-125.)		
13. Does it appear that ventilation is adequate? (If "NO", issue form WA-125.)		
14. If dry storage, is warehouse heated?		
15. If cooler or freezer:		
A. Are commodities protected from:		
(1) Damage from refrigeration coils? (If "NO", issue form WA-125.)		
(2) Condensation from refrigeration coils? (If "NO", issue form WA-125.)		
B. Are contract temperatures and humidities maintained? (If "NO", issue form WA-125.)		
C. Does Warehouse Operator keep required temperature and/or humidity records? (If "NO", issue form WA-125.)		
16. Did you note any unusual accumulation of rubbish or other unsatisfactory housekeeping conditions? (If "YES", issue form WA-125.)		

17. Are any hazardous or odorous chemicals or other materials stored in or near approved space (Including adjacent rooms or attached buildings)? (If "YES", issue form WA-125.)

USDA is an equal opportunity provider, employer, and lender.

WA-562 (07-31-18)

Page 2

**PART B – STORAGE CONDITIONS (Continuation)**

	YES	NO
18. Are CCC-owned commodities stored only in space covered by contract? (If "NO", issue form WA-125.)		
19. Are pallets or adequate dunnage used where there is danger of moisture absorption and under commodities requiring aeration? (If "NO", issue form WA-125.)		
20. Are "sample" units, if any, in front of related lots or in same room? (If "NO", issue form WA-125.)		

**PART C – FIRE PROTECTION**

21. Alarm system (If "YES", indicate type below):							
22. Automatic sprinkler: Wet <input type="checkbox"/> Dry <input type="checkbox"/>							
23. Are inside standpipes and hoses provided?							
24. Fire extinguishers:					25. Date (DD-MM-YYYY) extinguisher last serviced (If not serviced within past year issue form WA-125.)		
Number	Size	Number	Size	Number			

**PART D – WAREHOUSE INSECT INFESTATION AND RODENT CONTROL INFORMATION**

26. Does Warehouse Operator have a contract with a commercial insect and rodent control firm? (If "YES", give name(s) of firms.)		27. Firm's Name and Address (Including Zip Code)	
Insects: YES <input type="checkbox"/> (If "YES", Comment in Item 28.) NO <input type="checkbox"/>		Rodents: YES <input type="checkbox"/> (If "YES", Comment in Item 28.) NO <input type="checkbox"/>	
28. Comment on the insect control program used and its effectiveness (control measures and evidence of insect activity.) <b>Note any evidence of insect activity, if found issue form WA-125.</b>			

A. Action Taken Since Last Exam	B. Date Last Serviced (MM-DD-YYYY)	C. Material Used	D. Area Treated	E. Serviced By
(1) Sprayed				
(2) Fogged				

29. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) <b>Note any evidence of rodent activity, if found issue form WA-125.</b>					
---	--	--	--	--	--

A. Action Taken Since Last Exam	B. Date Last Serviced (MM-DD-YYYY)	C. Number of Traps	D. Number of Bait Stations	E. Number of Other Entrapment(s) (Identify)	F. Serviced By
Rodent Control					

**PART E - GENERAL**

	YES	NO
30. Was form WA-125 issued during last examination?		
31. If "YES", have conditions been corrected? (If "NO", explain on form WA-101.)		
32. Were any adverse conditions found during this examination?		
33. If "YES," in Item 32, were conditions corrected?		
34. If "NO", in Item 32, was form WA-125 issued?		
35. Was physical inventory taken? (Note total number of lots of each product on form WA-101.)		

36A. Signature of Warehouse Examiner

36B. Date (MM-DD-YYYY)