

**INSTRUCTIONS FOR COMPLETING AND PROCESSING THE DOMESTIC CHEMICAL LABORATORY REPORT  
(FSIS FORM 10,600-1)**

**GENERAL**

Complete revised FSIS Form 10,600-1 (6/94) titled "Domestic Chemical Lab Analysis" as follows:

1. Enter all information requested in blocks 3 through 5 and 7 through 25. Record the establishment number in block 37, the product name in block 38, and the split sample number in block 39.
2. Two blocks have been added in which the inspector must enter the requested information. These are block 19, "Scheduled Inspection Task No." and block 20 "Unscheduled Inspection Task No." In block 19 (Scheduled Inspection Task No.) record the same Inspection System Guide (ISG) task code number printed on the Inspector Assignment Schedule if the task was performed. Record the code in the seven character format, e.g., 11C01a2. In block 20 (Unscheduled Inspection Task No.) record the appropriate task code from process 11 that was performed as an unscheduled task. Again, record the code in the seven character format, e.g., 110C01a2.

**REGULATORY SAMPLES (FSIS OR ACCREDITED LABORATORY)**

3. If a sample is to be analyzed by an accredited laboratory, assign a three digit split sample number and enter it in blocks 12 and 39. This number must be in the range of 001 - 999 and recorded in sequential order.
4. Include a self-addressed envelope or label in a plastic bag with each sample submitted.
5. Remove the appropriate tear strips and process them as follows:
  - Tear Strip 1:** Place in a separate bag for protection and attach to the regulatory sample bag.
  - Tear Strip 2:** File as receipt of sample selection and submission.
  - Tear Strip 3:** Do not remove.
  - Tear Strip 4:** If a sample is to be analyzed by an Accredited Laboratory, place in a separate bag for protection and attach to the split sample bag; then place the identified split sample in the USDA secured split sample bin/cage. Discard if the sample is going to a Federal or contract laboratory.
  - Tear Strip 5:** Excess copy - for inspector's use if desired.
6. Process copies of the form as follows:
  - Copies 1, 2, 3:** Fold and enclose in a plastic bag and place in a sample shipping container with the regulatory sample being submitted to the FSIS laboratory or accredited laboratory.
  - Copy 4:** If a sample is to be analyzed by an Accredited Laboratory, retain the pink form in the proper split sample file in the USDA inspector's office. Discard if the sample is going to a Federal or contract laboratory.
  - Copy 5:** File as a record of sample selection and submission.
7. After completing the requested sample analysis (es), the laboratory will enter the regulatory results and return copy 1 (white form) to the inspector.

**SPLIT SAMPLES**

8. Upon accumulation of five split samples in the split sample bin/cage, randomly select one of the five for submittal to the appropriate FSIS Laboratory.
9. After the split sample has been selected, return the remaining four samples to the plant after first removing the pink tear strips attached to these samples.
10. From the split sample file located in the USDA inspector's office, remove the pink form (copy No. 4, cited in item 6 above) that matches the form number of the pink tear strip attached to the selected split sample.
11. Discard the remaining four pink forms in the split sample file. At this point, start the process of accumulating five split samples again.
12. Place the matching pink form (copy no. 4 cited in item 6 above) in a plastic bag and place in a sample container with the split sample. **(DO NOT COMPLETE A NEW FSIS FORM 10,600-1)**
13. Ship the split sample to the appropriate FSIS laboratory. The inspector will not receive analytical results of the split sample. Results from the accredited laboratories are compared by the Chemistry Division with split sample results obtained from the FSIS laboratories. This comparison of results indicates whether FSIS accredited laboratories are maintaining proper levels of quality control and performance for all official tests.

**SAMPLE SHIPMENT**

14. All samples must be shipped by Federal Express Overnight Service in accordance with the instructions set forth in FSIS Notice 28-93 (5/13/93). Sample containers will be returned by the FSIS and contract laboratories using Federal Express.

By accurately reading and following the above instructions, our Agency's data quality for tracking regulatory chemistry samples from the plant to the laboratory will improve.

The response to this information collection is voluntary. The information is needed before approval is granted to laboratories analyzing meat and poultry samples. The information is used to assure product compliance (9 CFR 318.21 (b)). Form approved: 0583-0080 to assure product compliance (9 CFR 318.21 (b)).

| DOMESTIC CHEMICAL LABORATORY REPORT  |      |                    |              |  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
|--|------|--------------------|--------------|--|---------------------------------------|-------------------------|----------------------------|--------------------------------|---------|--------------------------|--------|------------------|--|-----------------------------|--|
| 1. INTERNAL LAB NO.  |      | 2. TYPE SAMPLE     |              |  | 3. STATE   4. REGION   5. AREA        |                         |                            | 6. SERIAL NO.<br><b>024972</b> |         |                          |        |                  |  |                             |  |
| 7. DATE SAMPLED  |      | 8. DATE MAILED     |              | 9. TECHNICAL SUPPORT LAB<br><input type="checkbox"/> Eastern Lab <input type="checkbox"/> Western Lab <input type="checkbox"/> Midwestern Lab<br><input type="checkbox"/> Contract Lab Name: |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 10. RETAIN TAG NO.   |      | 11. PRODUCT CODE   |              | 12. SPLIT SAMPLE NO.   |                                       | 13. ACCREDITED LAB NAME |                            | 14. ACCREDITED LAB NO.         |         |                          |        |                  |  |                             |  |
| 15. EST. NO.   |      | 16. EST. NAME      |              | 17. STREET ADDRESS (Include City, State and Zip Code)  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 18. LABEL APPROVAL DECLARATION OF REGULATED PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Non-meat proteinaceous additives used in PFF products and not listed below should be indicated in block 21.) |      |                    |              |  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| a. N.F.D. MILK %   |      | b. I.S.P. %        |              | c. SOY PROTEIN CONCENTRATE %   |                                       | d. SOY FLOUR %          |                            | e. H.V.P. %                    |         | f. M.S.G. %              |        | g. GELATIN %     |  | h. OTHER NON-MEAT PROTEIN % |  |
| 19. SCHEDULED INSPECTION TASK NO. →  |      |                    |              |  | 20. UNSCHEDULED INSPECTION TASK NO. → |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 21. NAME OF PRODUCT AS LABELED AND INGREDIENTS   |      |                    |              |  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 22. INSPECTOR'S NAME (print)   |      |                    |              | 23. TELEPHONE NO.  |                                       |                         | 24. SIGNATURE OF INSPECTOR |                                |         |                          |        |                  |  |                             |  |
| 25. ANALYSES REQUESTED AND FINDINGS (Inspector check analysis requested)   |      |                    |              |  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 01. TOT. PROTEIN %   |      | 02. MEAT PROTEIN % |              | 03. TOTAL WATER %  |                                       | 04. ADDED WATER %       |                            | 05. + ADD. SUBS. %             |         | INSPECTOR REQUESTED TEST |        | LABORATORY ENTER |  |                             |  |
| 06. - ADD. SUBS. %   |      | 07. SALT %         |              | 08. TOTAL FAT %  |                                       | 09. MAX. INT. TEMP °F   |                            | 10. SODIUM NITRITE ppm         |         | TEST CODE                |        | TEST RESULT      |  |                             |  |
| 11. SODIUM NITRATE ppm   |      | 12. PHOSPHATE %    |              | 23. M/P RATIO  |                                       | 24. BRINE CONTENT %     |                            | 26. PERCENT BONE %             |         |                          |        |                  |  |                             |  |
| 30. FAT BY DIFFERENCE %  |      | 31. SULFITE ppm    |              | 34. ASCORBATE ppm  |                                       | 67. FAT + ADDED WATER % |                            | 68. CALCULATED PFF %           |         |                          |        |                  |  |                             |  |
| 26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s); reserve sample(s):  |      |                    |              |  |                                       |                         |                            |                                |         |                          |        |                  |  |                             |  |
| 27. CONDITION CODES  |      |                    | 28. LAB CODE |  | 29. DATE RECEIVED                     |                         | 30. ANALYSIS DATES         |                                | 31. SRC |                          | 32. WC |                  |  |                             |  |
| RECEIPT  | SEAL | DISCARD            |              |  |                                       |                         | a. STARTED                 | b. COMPLETED                   |         |                          |        |                  |  |                             |  |
| 33. SIGNATURE OF ANALYST(S)  |      |                    |              |  |                                       | 34. ANALYST CODE (S)    |                            | 35. REVIEWED BY (Signature)    |         |                          |        |                  |  |                             |  |

To Be Completed by Inspector (Except 1 and 2)

To Be Completed by Laboratory

FSIS FORM 10,600-1 (6/94)

COPY 1 - LABORATORY - Send to Inspector

|                      |  |              |  |                  |  |                      |  |                                 |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|
| 36. INTERNAL LAB NO. |  | 37. EST. NO. |  | 38. PRODUCT NAME |  | 39. SPLIT SAMPLE NO. |  | 40. SERIAL NO.<br><b>024972</b> |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|

FSIS FORM 10,600-1 (6/94)

REPLACES FSIS FORM 10,600-1 (11/89), WHICH IS OBSOLETE.

TEAR STRIP 1: INSPECTOR ATTACH TO REGULATORY SAMPLE (Inspector: include self-addressed envelope or label in plastic bag)

The response to this information collection is voluntary. The information is needed before approval is granted to laboratories analyzing meat and poultry samples. The information is used to assure product compliance (9 CFR 318.21 (b)). Form approved: 0583-0080 to assure product compliance (9 CFR 318.21 (b)).

| DOMESTIC CHEMICAL LABORATORY REPORT  |      |                    |              |                              |   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
|--|------|--------------------|--------------|------------------------------|---|-------------------------|----------------------|--------------------------------|-----------------------------|--------------------------|--------|------------------|--|-----------------------------|--|
| 1. INTERNAL LAB NO.  |      | 2. TYPE SAMPLE     |              |                              | 3. STATE   4. REGION   5. AREA  |                         |                      | 6. SERIAL NO.<br><b>024972</b> |                             |                          |        |                  |  |                             |  |
| 7. DATE SAMPLED  |      | 8. DATE MAILED     |              |                              | 9. TECHNICAL SUPPORT LAB<br><input type="checkbox"/> Eastern Lab <input type="checkbox"/> Western Lab <input type="checkbox"/> Midwestern Lab <input type="checkbox"/> Contract Lab Name: |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 10. RETAIN TAG NO.   |      | 11. PRODUCT CODE   |              | 12. SPLIT SAMPLE NO.         |   | 13. ACCREDITED LAB NAME |                      | 14. ACCREDITED LAB NO.         |                             |                          |        |                  |  |                             |  |
| 15. EST. NO.   |      | 16. EST. NAME      |              |                              | 17. STREET ADDRESS (Include City, State and Zip Code)   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 18. LABEL APPROVAL DECLARATION OF REGULATED PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Non-meat proteinaceous additives used in PFF products and not listed below should be indicated in block 21.) |      |                    |              |                              |   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| a. N.F.D. MILK %   |      | b. I.S.P. %        |              | c. SOY PROTEIN CONCENTRATE % |   | d. SOY FLOUR %          |                      | e. H.V.P. %                    |                             | f. M.S.G. %              |        | g. GELATIN %     |  | h. OTHER NON-MEAT PROTEIN % |  |
| 19. SCHEDULED INSPECTION TASK NO. →  |      |                    |              |                              | 20. UNSCHEDULED INSPECTION TASK NO. →   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 21. NAME OF PRODUCT AS LABELED AND INGREDIENTS   |      |                    |              |                              |   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 22. INSPECTOR'S NAME (print)   |      |                    |              |                              | 23. TELEPHONE NO.   |                         |                      | 24. SIGNATURE OF INSPECTOR     |                             |                          |        |                  |  |                             |  |
| 25. ANALYSES REQUESTED AND FINDINGS (Inspector check analysis requested)   |      |                    |              |                              |   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 01. TOT. PROTEIN %   |      | 02. MEAT PROTEIN % |              | 03. TOTAL WATER %            |   | 04. ADDED WATER %       |                      | 05. + ADD. SUBS. %             |                             | INSPECTOR REQUESTED TEST |        | LABORATORY ENTER |  |                             |  |
| 06. - ADD. SUBS. %   |      | 07. SALT %         |              | 08. TOTAL FAT %              |   | 09. MAX. INT. TEMP °F   |                      | 10. SODIUM NITRITE ppm         |                             | TEST CODE                |        | TEST RESULT      |  |                             |  |
| 11. SODIUM NITRATE ppm   |      | 12. PHOSPHATE %    |              | 23. M / P RATIO              |   | 24. BRINE CONTENT %     |                      | 26. PERCENT BONE %             |                             |                          |        |                  |  |                             |  |
| 30. FAT BY DIFFERENCE %  |      | 31. SULFITE ppm    |              | 34. ASCORBATE ppm            |   | 67. FAT + ADDED WATER % |                      | 68. CALCULATED PFF %           |                             |                          |        |                  |  |                             |  |
| 26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s); reserve sample(s).)   |      |                    |              |                              |   |                         |                      |                                |                             |                          |        |                  |  |                             |  |
| 27. CONDITION CODES  |      |                    | 28. LAB CODE |                              | 29. DATE RECEIVED   |                         | 30. ANALYSIS DATES   |                                | 31. SRC                     |                          | 32. WC |                  |  |                             |  |
| RECEIPT  | SEAL | DISCARD            |              |                              |   |                         | a. STARTED           | b. COMPLETED                   |                             |                          |        |                  |  |                             |  |
| 33. SIGNATURE OF ANALYST(S)  |      |                    |              |                              |   |                         | 34. ANALYST CODE (S) |                                | 35. REVIEWED BY (Signature) |                          |        |                  |  |                             |  |

To Be Completed by Inspector (Except 1 and 2)

To Be Completed by Laboratory

FSIS FORM 10,600-1 (6/94)

COPY 2: Accredited or Contract Lab: send to Eastern Laboratory, P.O. Box 6085, Athens, GA 30604

|                      |  |              |  |                  |  |                      |  |                                 |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|
| 36. INTERNAL LAB NO. |  | 37. EST. NO. |  | 38. PRODUCT NAME |  | 39. SPLIT SAMPLE NO. |  | 40. SERIAL NO.<br><b>024972</b> |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|

FSIS FORM 10,600-1 (6/94)

REPLACES FSIS FORM 10,600-1 (11/89), WHICH IS OBSOLETE

TEARSTRIP 2: INSPECTOR - File Copy

The response to this information collection is voluntary. The information is needed before approval is granted to laboratories analyzing meat and poultry samples. The information is used to assure product compliance (9 CFR 318.21 (b)). Form approved: 0583-0080 to assure product compliance (9 CFR 318.21 (b)).

| 1. INTERNAL LAB NO.  | DOMESTIC CHEMICAL LABORATORY REPORT |                              |  |                             |                                |                  |                             |                    |
|--|-------------------------------------|------------------------------|--|-----------------------------|--------------------------------|------------------|-----------------------------|--------------------|
|  | 2. TYPE SAMPLE                      | NUMERIC CODES                |  |                             | 6. SERIAL NO.<br><b>024972</b> |                  |                             |                    |
|  |                                     | 3. STATE                     | 4. REGION  | 5. AREA                     |                                |                  |                             |                    |
| 7. DATE SAMPLED  | 8. DATE MAILED                      |                              | 9. TECHNICAL SUPPORT LAB<br><input type="checkbox"/> Eastern Lab <input type="checkbox"/> Western Lab <input type="checkbox"/> Midwestern Lab<br><input type="checkbox"/> Contract Lab Name: |                             |                                |                  |                             |                    |
| 10. RETAIN TAG NO.   | 11. PRODUCT CODE                    | 12. SPLIT SAMPLE NO.         | 13. ACCREDITED LAB NAME  |                             | 14. ACCREDITED LAB NO.         |                  |                             |                    |
| 15. EST. NO.   | 16. EST. NAME                       |                              | 17. STREET ADDRESS (Include City, State and Zip Code)  |                             |                                |                  |                             |                    |
| 18. LABEL APPROVAL DECLARATION OF REGULATED PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Non-meat proteinaceous additives used in PFF products and not listed below should be indicated in block 21.) |                                     |                              |  |                             |                                |                  |                             |                    |
| a. N.F.D. MILK %   | b. I.S.P. %                         | c. SOY PROTEIN CONCENTRATE % | d. SOY FLOUR %   | e. H.V.P. %                 | f. M.S.G. %                    | g. GELATIN %     | h. OTHER NON-MEAT PROTEIN % |                    |
| 19. SCHEDULED INSPECTION TASK NO. →  |                                     |                              | 20. UNSCHEDULED INSPECTION TASK NO. →  |                             |                                |                  |                             |                    |
| 21. NAME OF PRODUCT AS LABELED AND INGREDIENTS   |                                     |                              |  |                             |                                |                  |                             |                    |
| 22. INSPECTOR'S NAME (print)   |                                     | 23. TELEPHONE NO.            |  | 24. SIGNATURE OF INSPECTOR  |                                |                  |                             |                    |
| 25. ANALYSES REQUESTED AND FINDINGS (Inspector check analysis requested)   |                                     |                              |  |                             |                                |                  |                             |                    |
| <input type="checkbox"/> 01  | <input type="checkbox"/> 02         | <input type="checkbox"/> 03  | <input type="checkbox"/> 04  | <input type="checkbox"/> 05 | INSPECTOR REQUESTED TEST       | LABORATORY ENTER |                             |                    |
| TOT. PROTEIN %   |                                     | MEAT PROTEIN %               | TOTAL WATER %  | ADDED WATER %               |                                | TEST CODE        |                             | TEST RESULT        |
| <input type="checkbox"/> 06  | <input type="checkbox"/> 07         | <input type="checkbox"/> 08  | <input type="checkbox"/> 09  | <input type="checkbox"/> 10 |                                |                  |                             |                    |
| + ADD. SUBS. %   |                                     | SALT %                       | TOTAL FAT %  | MAX. INT. TEMP °F           |                                |                  |                             | SODIUM NITRITE ppm |
| <input type="checkbox"/> 11  | <input type="checkbox"/> 12         | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 26 |                                |                  |                             |                    |
| SODIUM NITRATE ppm   |                                     | PHOSPHATE %                  | M / P RATIO  | BRINE CONTENT %             |                                |                  |                             | PERCENT BONE %     |
| <input type="checkbox"/> 30  | <input type="checkbox"/> 31         | <input type="checkbox"/> 34  | <input type="checkbox"/> 67  | <input type="checkbox"/> 68 |                                |                  |                             |                    |
| FAT BY DIFFERENCE %  |                                     | SULFITE ppm                  | ASCORBATE ppm  | FAT + ADDED WATER %         |                                |                  |                             | CALCULATED PFF %   |
| 26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s); reserve sample(s).)   |                                     |                              |  |                             |                                |                  |                             |                    |
| 27. CONDITION CODES  |                                     |                              | 28. LAB CODE   | 29. DATE RECEIVED           | 30. ANALYSIS DATES             |                  | 31. SRC                     | 32. WC             |
| RECEIPT  | SEAL                                | DISCARD                      |  |                             | a. STARTED                     | b. COMPLETED     |                             |                    |
| 33. SIGNATURE OF ANALYST(S)  |                                     |                              |  | 34. ANALYST CODE (S)        | 35. REVIEWED BY (Signature)    |                  |                             |                    |

To Be Completed by Inspector (Except 1 and 2)

To Be Completed by Laboratory

FSIS FORM 10,600-1 (6/94)

COPY 3: LABORATORY

|                      |              |                  |                      |                                 |
|----------------------|--------------|------------------|----------------------|---------------------------------|
| 36. INTERNAL LAB NO. | 37. EST. NO. | 38. PRODUCT NAME | 39. SPLIT SAMPLE NO. | 40. SERIAL NO.<br><b>024972</b> |
|----------------------|--------------|------------------|----------------------|---------------------------------|

FSIS FORM 10,600-1 (6/94)

REPLACES FSIS FORM 10,600-1 (11/89), WHICH IS OBSOLETE.

TEAR STRIP 3: Inspector-Do not remove

| 1. INTERNAL LAB NO.  | DOMESTIC CHEMICAL LABORATORY REPORT             |   |  |  |                                |                             |                             |        |
|--|---|---|--|--|--------------------------------|-----------------------------|-----------------------------|--------|
|  | 2. TYPE SAMPLE                                  | 3. NUMERIC CODES                          |  |  | 6. SERIAL NO.<br><b>024972</b> |                             |                             |        |
|  |   | 3. STATE                                  | 4. REGION  | 5. AREA  |                                |                             |                             |        |
| 7. DATE SAMPLED  | 8. DATE MAILED                                  |   | 9. TECHNICAL SUPPORT LAB<br><input type="checkbox"/> Eastern Lab <input type="checkbox"/> Western Lab <input type="checkbox"/> Midwestern Lab<br><input type="checkbox"/> Contract Lab Name: |  |                                |                             |                             |        |
| 10. RETAIN TAG NO.   | 11. PRODUCT CODE                                | 12. SPLIT SAMPLE NO.                      | 13. ACCREDITED LAB NAME  |  | 14. ACCREDITED LAB NO.         |                             |                             |        |
| 15. EST. NO.   | 16. EST. NAME                                   |   | 17. STREET ADDRESS (Include City, State and Zip Code)  |  |                                |                             |                             |        |
| 18. LABEL APPROVAL DECLARATION OF REGULATED PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Non-meat proteinaceous additives used in PFF products and not listed below should be indicated in block 21.) |   |   |  |  |                                |                             |                             |        |
| a. N.F.D. MILK %   | b. I.S.P. %                                     | c. SOY PROTEIN CONCENTRATE %              | d. SOY FLOUR %   | e. H.V.P. %                                    | f. M.S.G. %                    | g. GELATIN                  | h. OTHER NON-MEAT PROTEIN % |        |
| 19. SCHEDULED INSPECTION TASK NO. →  |   |   | 20. UNSCHEDULED INSPECTION TASK NO. →  |  |                                |                             |                             |        |
| 21. NAME OF PRODUCT AS LABELED AND INGREDIENTS   |   |   |  |  |                                |                             |                             |        |
| 22. INSPECTOR'S NAME (print)   |   |   | 23. TELEPHONE NO.  | 24. SIGNATURE OF INSPECTOR                     |                                |                             |                             |        |
| 25. ANALYSES REQUESTED AND FINDINGS (Inspector check analysis requested)   |   |   |  |  |                                |                             |                             |        |
| <input type="checkbox"/> 01 TOT. PROTEIN %   | <input type="checkbox"/> 02 / 60 MEAT PROTEIN % | <input type="checkbox"/> 03 TOTAL WATER % | <input type="checkbox"/> 04 ADDED WATER %  | <input type="checkbox"/> 05 + ADD. SUBS. %     | INSPECTOR REQUESTED TEST       | LABORATORY ENTER            |                             |        |
| <input type="checkbox"/> 06 - ADD. SUBS. %   | <input type="checkbox"/> 07 SALT %              | <input type="checkbox"/> 08 TOTAL FAT %   | <input type="checkbox"/> 09 MAX. INT. TEMP °F  | <input type="checkbox"/> 10 SODIUM NITRITE ppm |                                | TEST CODE                   | TEST RESULT                 |        |
| <input type="checkbox"/> 11 SODIUM NITRATE ppm   | <input type="checkbox"/> 12 PHOSPHATE %         | <input type="checkbox"/> 23 M / P RATIO   | <input type="checkbox"/> 24 BRINE CONTENT %  | <input type="checkbox"/> 26 PERCENT BONE %     |                                |                             |                             |        |
| <input type="checkbox"/> 30 FAT BY DIFFERENCE %  | <input type="checkbox"/> 31 SULFITE ppm         | <input type="checkbox"/> 34 ASCORBATE ppm | <input type="checkbox"/> 67 FAT + ADDED WATER %  | <input type="checkbox"/> 68 CALCULATED PFF %   |                                |                             |                             |        |
|  |   |   |  |  |                                |                             |                             |        |
|  |   |   |  |  |                                |                             |                             |        |
| 26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s); reserve sample(s).)   |   |   |  |  |                                |                             |                             |        |
| 27. CONDITION CODES  |   |   | 28. LAB CODE   | 29. DATE RECEIVED                              | 30. ANALYSIS DATES             |                             | 31. SRC                     | 32. WC |
| RECEIPT  | SEAL  | DISCARD                                   |  |  | a. STARTED                     | b. COMPLETED                |                             |        |
| 33. SIGNATURE OF ANALYST(S)  |   |   |  | 34. ANALYST CODE (S)                           |                                | 35. REVIEWED BY (Signature) |                             |        |

To Be Completed by Inspector (Except 1 and 2)

To Be Completed by Laboratory

FSIS FORM 10,600-1 (6/94)

COPY 4: INSPECTOR - send to FSIS Lab with split sample

|                      |              |                  |                      |                                 |
|----------------------|--------------|------------------|----------------------|---------------------------------|
| 36. INTERNAL LAB NO. | 37. EST. NO. | 38. PRODUCT NAME | 39. SPLIT SAMPLE NO. | 40. SERIAL NO.<br><b>024972</b> |
|----------------------|--------------|------------------|----------------------|---------------------------------|

FSIS FORM 10,600-1 (6/94)

REPLACES FSIS FORM 10,600-1 (11/89), WHICH IS OBSOLETE.

TEARSTRIP 4: Inspector attach to Split Samples

| DOMESTIC CHEMICAL LABORATORY REPORT  |                     |                  |                |                              |  |                |                      |                                       |                             |                          |                        |                                |                             |
|--|---------------------|------------------|----------------|------------------------------|--|----------------|----------------------|---------------------------------------|-----------------------------|--------------------------|------------------------|--------------------------------|-----------------------------|
| 1. INTERNAL LAB NO.  |                     | 2. TYPE SAMPLE   |                |                              | 3. STATE   |                |                      | 4. REGION                             |                             | 5. AREA                  |                        | 6. SERIAL NO.<br><b>024972</b> |                             |
| 7. DATE SAMPLED  |                     | 8. DATE MAILED   |                |                              | 9. TECHNICAL SUPPORT LAB<br><input type="checkbox"/> Eastern Lab <input type="checkbox"/> Western Lab <input type="checkbox"/> Midwestern Lab<br><input type="checkbox"/> Contract Lab Name: |                |                      |                                       |                             |                          |                        |                                |                             |
| 10. RETAIN TAG NO.   |                     | 11. PRODUCT CODE |                |                              | 12. SPLIT SAMPLE NO.   |                |                      | 13. ACCREDITED LAB NAME               |                             |                          | 14. ACCREDITED LAB NO. |                                |                             |
| 15. EST. NO.   |                     | 16. EST. NAME    |                |                              | 17. STREET ADDRESS (Include City, State and Zip Code)  |                |                      |                                       |                             |                          |                        |                                |                             |
| 18. LABEL APPROVAL DECLARATION OF REGULATED PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Non-meat proteinaceous additives used in PFF products and not listed below should be indicated in block 21.) |                     |                  |                |                              |  |                |                      |                                       |                             |                          |                        |                                |                             |
| a. M.F.D. MILK %   |                     | b. I.S.P. %      |                | c. SOY PROTEIN CONCENTRATE % |  | d. SOY FLOUR % |                      | e. H.V.P. %                           |                             | f. M.S.G. %              |                        | g. GELATIN                     | h. OTHER NON-MEAT PROTEIN % |
| 19. SCHEDULED INSPECTION TASK NO. →  |                     |                  |                |                              |  |                |                      | 20. UNSCHEDULED INSPECTION TASK NO. → |                             |                          |                        |                                |                             |
| 21. NAME OF PRODUCT AS LABELED AND INGREDIENTS   |                     |                  |                |                              |  |                |                      |                                       |                             |                          |                        |                                |                             |
| 22. INSPECTOR'S NAME (print)   |                     |                  |                |                              | 23. TELEPHONE NO.  |                |                      |                                       | 24. SIGNATURE OF INSPECTOR  |                          |                        |                                |                             |
| 25. ANALYSES REQUESTED AND FINDINGS (Inspector check analysis requested)   |                     |                  |                |                              |  |                |                      |                                       |                             |                          |                        |                                |                             |
| 01   | TOT. PROTEIN %      | 02 / 60          | MEAT PROTEIN % | 03                           | TOTAL WATER %  | 04             | ADDED WATER %        | 05                                    | + ADD. SUBS. %              | INSPECTOR REQUESTED TEST |                        | LABORATORY ENTER               |                             |
| 06   | - ADD. SUBS. %      | 07               | SALT %         | 08                           | TOTAL FAT %  | 09             | MAX. INT. TEMP °F    | 10                                    | SODIUM NITRITE ppm          |                          | TEST CODE              | TEST RESULT                    |                             |
| 11   | SODIUM NITRATE ppm  | 12               | PHOSPHATE %    | 23                           | M / P RATIO  | 24             | BRINE CONTENT %      | 26                                    | PERCENT BONE %              |                          |                        |                                |                             |
| 30   | FAT BY DIFFERENCE % | 31               | SULFITE ppm    | 34                           | ASCORBATE ppm  | 67             | FAT + ADDED WATER %  | 68                                    | CALCULATED PFF %            |                          |                        |                                |                             |
| 26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s), reserve sample(s).)   |                     |                  |                |                              |  |                |                      |                                       |                             |                          |                        |                                |                             |
| 27. CONDITION CODES  |                     |                  | 28. LAB CODE   |                              | 29. DATE RECEIVED  |                | 30. ANALYSIS DATES   |                                       |                             | 31. SRC                  | 32. WC                 |                                |                             |
| RECEIPT  | SEAL                | DISCARD          |                |                              |  |                | a. STARTED           | b. COMPLETED                          |                             |                          |                        |                                |                             |
| 33. SIGNATURE OF ANALYST(S)  |                     |                  |                |                              |  |                | 34. ANALYST CODE (S) |                                       | 35. REVIEWED BY (Signature) |                          |                        |                                |                             |

FSIS FORM 10,600-1 (6/94)

COPY 5: INSPECTOR - File

|                      |  |              |  |                  |  |                      |  |                                 |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|
| 36. INTERNAL LAB NO. |  | 37. EST. NO. |  | 38. PRODUCT NAME |  | 39. SPLIT SAMPLE NO. |  | 40. SERIAL NO.<br><b>024972</b> |  |
|----------------------|--|--------------|--|------------------|--|----------------------|--|---------------------------------|--|

FSIS FORM 10,600-1 (6/94)

REPLACES FSIS FORM 10,600-1 (11/89) WHICH IS OBSOLETE.

TEARSTRIP 5: Inspector - File

To Be Completed by Inspector (Except 1 and 2)

To Be Completed by Laboratory

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 0583-0082. The time required to complete this information collection is estimated to average 3 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.