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## INDUSTRY REPORT OF ADULTERATION:

Report of adulterated or misbranded meat/poultry product received from or shipped to commerce by the official establishment  
*Attach any supporting or supplemental documentation*

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**REPORTED DATE:** *(date reported to the Agency):*

**NOTIFIER INFORMATION** *(identify the establishment representative reporting the incident)*

First Name:		Last Name:	
Telephone Number:	Ext:	Email:	

**Notifying Establishment Role:** *(identify the establishment representative reporting the incident)*

<input type="checkbox"/> Shipping Establishment	<input type="checkbox"/> Receiving Establishment
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Notifying Establishment Name:	
Notifying Establishment Number:	

Notifier Information Additional Comments:

**INFORMATION FOR OTHER INVOLVED ESTABLISHMENTS:**

**Additional Establishment Role** *(provide information for other establishments involved):*

<input type="checkbox"/> Shipping Establishment	<input type="checkbox"/> Receiving Establishment
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Additional Establishment Name:	
Additional Establishment Number:	

**Comments for additional establishment(s):**

**PRODUCT INFORMATION:**

Date the Adulteration or Misbranding was identified:

Identified issue(s):

<input type="checkbox"/> Pathogen	<input type="checkbox"/> Extraneous Material	<input type="checkbox"/> Undeclared Allergen
<input type="checkbox"/> Mislabeling	<input type="checkbox"/> Unapproved Substance	<input type="checkbox"/> Undeclared Substance
<input type="checkbox"/> Residue	<input type="checkbox"/> Undeclared Substance	<input type="checkbox"/> Produced Without Benefit of Inspection
<input type="checkbox"/> SRM	<input type="checkbox"/> Insanitary Conditions	<input type="checkbox"/> Failure to Present Import Reinspection

**Issue(s) Description (include specific details to describe the issue and how and when the problem was discovered)**

**Likely Root Cause (describe how and when the issue occurred, including any production dates):**

Date Shipped: \_\_\_\_\_ Date Received: \_\_\_\_\_

Product Name: \_\_\_\_\_ Lot Code/identifier: \_\_\_\_\_

Establishment Name on Product: \_\_\_\_\_

Producer Name on Product: \_\_\_\_\_

HACCP Category: \_\_\_\_\_ Finished Products Type: \_\_\_\_\_

Species: \_\_\_\_\_ Product Group: \_\_\_\_\_

**PRODUCT QUANTITIES (provide in pounds):**

Implicated: \_\_\_\_\_ In Commerce: \_\_\_\_\_ Under Control: \_\_\_\_\_

**STATUS OF IMPLICATED PRODUCT (if applicable):**

Amount condemned: \_\_\_\_\_

Location(s) of: product under control: \_\_\_\_\_

**CARRIER INFORMATION (if applicable)** Carrier Name: \_\_\_\_\_

Carrier Phone Number: \_\_\_\_\_ Carrier Address: \_\_\_\_\_

**ADDITIONAL COMMENTS:**