

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 0583-0144. 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.

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

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

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

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Telephone Number:	<input type="text"/>	Ext:	<input type="text"/>
		Email:	<input type="text"/>

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:	<input type="text"/>
Notifying Establishment Number:	<input type="text"/>

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:	<input type="text"/>
Additional Establishment Number:	<input type="text"/>

Comments for additional establishment(s):

PRODUCT INFORMATION:

Date the Adulteration or Misbranding was identified: _____

Identified issue(s):

<input type="checkbox"/> Pathogen
<input type="checkbox"/> Mislabeling
<input type="checkbox"/> Residue
<input type="checkbox"/> SRM

<input type="checkbox"/> Extraneous Material
<input type="checkbox"/> Unapproved Substance
<input type="checkbox"/> Undeclared Substance
<input type="checkbox"/> Insanitary Conditions

<input type="checkbox"/> Undeclared Allergen
<input type="checkbox"/> Undeclared Substance
<input type="checkbox"/> Produced Without Benefit of Inspection
<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)

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

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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:

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