OMB Control Number 0583-0144
Expiration Date:

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:		Last Name:	
Telephone Number:	Ext:	Email:	

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

☐ Shipping Establishment	☐ Receiving Establishment
Notifying Establishment Name:	
Notifying Establishment Number:	

Notifier Information Additional Comments:

INFORMATION FOR OTHER INVOLVED ESTABLISHMENTS:

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

☐ Shipping Establishment	☐ Receiving Establishment
Additional Establishment Name:	
Additional Establishment Number:	

Comments for additional establishment(s):

PRODUCT INFORMATION:

Date the Adulteration or Misbranding was identified:	

Identified issue(s):

☐ Pathogen	☐ Extraneous Material	☐ Undeclared Allergen
☐ Mislabeling	☐ Unapproved Substance	☐ Undeclared Substance
☐ Residue	☐ Undeclared Substance	☐ Produced Without Benefit of Inspection
☐ SRM	☐ Insanitary Conditions	☐ 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: