

## Office of Partnerships Human Food Contract Quarterly Summary Report: Coversheet

This Quarterly Summary Report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

**State Agencies:**

Save this form using filename "**State\_Agency Abbreviation\_HF\_QSR**".

Complete Coversheet and State Report Tabs and email the completed report to your State Liaison or Division Representative.

**State Liaison:**

Complete the Division Reporting Tab and email the completed report to the **State, Project Manager, and [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov)**.

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**Contract Number** (auto-filled)

Select Agency

Select

**Agency Name** (select from list)

**State or US Territory** (auto-filled)

Select Agency

**Contract Type**

FOOD

**Date Completed** (MM/DD/YYYY)

**State Report Preparer's Name**

**State Report Preparer's Email**

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**Period of Performance Start Date**

**Period of Performance End Date**

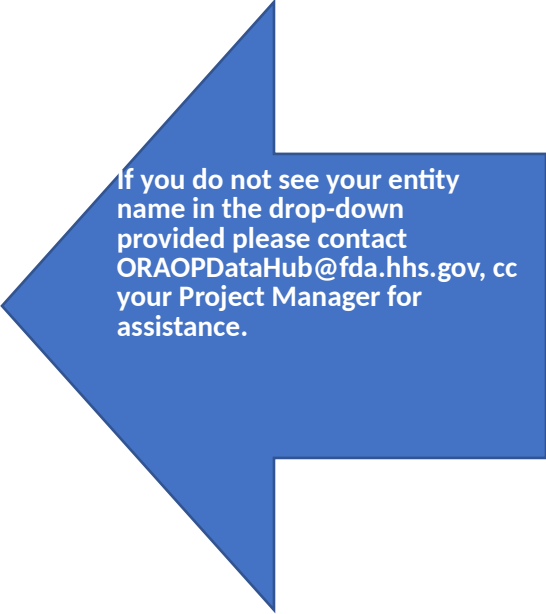
Reporting Period Start Date  
Reporting Period End Date  
Reporting Period Frequency  
Current Reporting Period

|        |
|--------|
|        |
|        |
| Select |
| Select |

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If you do not see your entity name in the drop-down provided please contact [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov), cc your Project Manager for assistance.

## Office of Partnerships Human Food Contract Quarterly Summary Report: State Reporting

This summary report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

**State Agencies:**

Complete all questions on this tab and the Coversheet and email the completed report to your State Liaison or Division Representative with a list of contract inspections completed showing the inspection classification, firm name, FEI, city, and date of inspection.

*Note: it is your responsibility to ensure your State Liaison receives this report by the deadline specified in the current Statement of Work. Failure to submit by the deadline may negatively impact processing and issuing payment for completed. However, in the case that you are unable to complete this report in its entirety by the deadline it is still expected you will email this form with information as to specific challenges and corrective actions in field 26. State Challenges and Corrective Actions, by the deadline and submit a corrected complete report as soon as possible.*

**State Liaison:**

Review the state report information below but complete the Division Reporting Tab before you email the completed report to the **State, Project Manager, and [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov)**.

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| Contract Work Accomplished | Contract Reporting Elements        | Line Item<br><i>(for current option)</i> | Total Contract Requirement | Total Completed<br><i>(this reporting period)</i> | Total Remaining |  |
|----------------------------|------------------------------------|--|----------------------------|---|-----------------|--|
|                            | <b>Contract Inspection Types</b>   |  |                            |   |                 |  |
|                            | 1. cGMP (Basic/Limited Scope) PCHF | 0  | 0                          | 0   | 0               |  |
|                            | 2. Visits (Out-of-Business, etc.)  | 0  | 0                          | 0   | 0               |  |
|                            | 3. Seafood HACCP                   | 0  | 0                          | 0   | 0               |  |
|                            | 4. Juice HACCP                     | 0  | 0                          | 0   | 0               |  |
|                            | 5. LACF/AF                         | 0  | 0                          | 0   | 0               |  |
|                            | 6. PCHF (Full Scope)               | 0  | 0                          | 0   | 0               |  |
|                            | <b>Contract Investigations</b>     |  |                            |   |                 |  |
|                            | 7. OEI Improvement                 | 0  | 0                          | 0   | 0               |  |
| 8. Recall Audit Check      |                                    |  |                            |   |                 |  |
| 9. Remote Assessments      |                                    |  |                            |   |                 |  |
| <b>Contract Audits</b>     |                                    |  |                            |   |                 |  |
| 10. Audits                 | 0                                  | 0  | 0                          | 0   |                 |  |

|                               |  |   |   |   |   |
|-------------------------------|--|---|---|---|---|
| <b>Cont</b>                   | <b>Contract Samples</b>                                  |   |   |   |   |
|                               | 11. Product Samples                                      |   |   |   |   |
|                               | 12. In-Compliance Quantity                               |   |   |   |   |
|                               | 13. Not In-Compliance Quantity                           |   |   |   |   |
|                               | 14. Environmental Samples                                | 0 | 0 | 0 | 0 |
|                               | 15. In-Compliance Quantity                               |   |   | 0 |   |
| <b>State Contract Actions</b> | 16. Not In-Compliance Quantity                           |   |   | 0 |   |
|                               | 17. Enforcement Notices (e.g. warning letters)           |   |   | 0 |   |
|                               | 18. Embargoes/Seizures                                   |   |   | 0 |   |
|                               | 19. Hearings Conducted                                   |   |   | 0 |   |
|                               | 20. Prosecutions/Injunctions                             |   |   | 0 |   |
|                               | <b>Other Contract Actions List Below</b>                 |   |   |   |   |
|                               | 21. [Replace bracketed text]                             |   |   | 0 |   |
|                               | 22. [Replace bracketed text]                             |   |   | 0 |   |
|                               | 23. [Replace bracketed text]                             |   |   | 0 |   |
|                               | 24. Re-Inspections (Follow-ups to violative Inspections) |   |   | 0 |   |

|   |        |
|---|--------|
| <b>State Contractor Challenges, Issues, and Highlights</b>  |        |
| 25. Select the current status based on your assessment of contract performance for this reporting period. | Select |

|   |  |
|---|--|
| <p>26. List any major challenges encountered this reporting period and corrective actions taken. Include how these actions directly address those challenges.</p> <p><i>(Use Alt+Enter for new line if desired)</i></p> |  |
| <p>27. Write a brief narrative detailing any positive, significant events identified during this reporting period.</p> <p><i>(Use Alt+Enter for new line if desired)</i></p>  |  |
| <p>28. If applicable, report a dollar value for Item 18. Embargos/Seizures from the table above.</p>  |  |
| <p>29. Additional State Reporting Comments</p> <p><i>(Use Alt+Enter for new line if desired)</i></p>  |  |

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## Office of Partnerships Human Food Contract Quarterly Summary Report: Division Reporting

This summary report contains multiple sections and tabs to complete. See accompanying instructions tab for specific information to complete each section.

### State Agencies:

Complete all questions on the StateReport tab and email the completed report to your State Liaison or Division Representative.

### State Liaison:

Review the state report information from the StateReport tab, complete the Division Report below and email the completed report to the **State, Project Manager, and** [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov).

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### Contract Performance Feedback

30. Indicate the overall status of the State contractor's performance this reporting period.

Select

31. (Optional) If the contractor experienced challenges or issues during this reporting period, please list them and detail any corrective actions taken or agreed to by the contractor.

*(Use Alt+Enter for new line if desired)*

32. (Optional) Write a brief narrative detailing any positive, significant events identified during the contractor's performance this reporting period.

*(Use Alt+Enter for new line if desired)*

33. Indicate Division Approval or Disapproval by selecting from the drop-down menu. **If this report is disapproved, provide your explanation below.**

Select

|  |  |
|--|--|
| 34. (Optional) Additional Division Reporting Comments.<br><br><i>(Use Alt+Enter for new line if desired)</i> |  |
| 35. Enter the name of the Division Representative approving this report.                                     |  |
| 36. Enter the date this Division Review was completed.   |  |

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## **Contract Quarterly Summary Report Instructions**

### **State agencies:**

Save this form as an excel file using filename format "**State\_Agency AB**  
Drug Administration office in Maryland would use: MD\_FDA\_HF\_QSR.)

Complete the Coversheet and StateReport tabs of this workbook. E-mail  
FDA Division representative. You must utilize this form's fillable fields to  
information in any other format is not permitted, e.g. photocopied, hand  
pre-filled information notify your FDA Division Representative or State

### **Coversheet Tab: Administrative Information**

Contract Number: Pre-filled for you after selecting your Agency Name

Agency Name: Select the name of the agency for this contract from the  
agency, please notify [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov) and Project Manager

State: Pre-filled for you after selecting your Agency Name.

Contract Type: Contract type is pre-filled for you.

Date Completed: Date form is completed by the state agency.

State Report Preparer's name: Name of person filling out form.

State Report Preparer's E-mail: E-mail address of person filling out form

Period of Performance Start Date: Enter the Period of Performance Start  
contract.

Period of Performance End Date: Enter the Period of Performance End  
contract.

Reporting Period Start Date: Enter the reporting start date in M/D/YYYY

Reporting Period End Date: Enter the reporting end date in M/D/YYYY

Reporting Period Frequency: Select from the drop-down menu for either

Current Reporting Period: Select the corresponding reporting period,

### **StateReport Tab: Contract Report Data and Self-Evaluation**

Enter the line item number, total required by contract, total completed  
in the table provided for items 1.-24. as applicable, otherwise leave as  
for the current contract year are greyed out.

1. cGMP (Basic/Limited Scope) PCHE
2. Visits/Out of Business (OOB)

Enter the line item number, total required by contract, total completed in the table provided for items 1.-24. as applicable, otherwise leave as for the current contract year are greyed out.

1. cGMP (Basic/Limited Scope) PCHF
2. Visits/Out of Business (OOB)
3. SEAFOOD HACCP
4. JUICE HACCP
5. LACF/AF
6. PCHF (Full Scope)
7. OEI Improvement
8. Recall Audit Check
9. Remote Assessments
10. Audits
11. Product Samples
12. In-Compliance Qty
13. Not In-Compliance Qty
14. Environmental Samples
15. In-Compliance Qty
16. Not In-Compliance Qty
17. Enforcement Notices (e.g. warning letters)
18. Embargoes/Seizures - Enter total dollar value in field 28. When breakdown of dollar amounts may be included in field 29. as
19. Hearings Conducted
20. Prosecutions/Injunctions
21. Other Actions (21) – Replace only the bracketed text (leave the text entered may exceed the visible field, all text entered
22. Other Actions (22) – Replace only the bracketed text (leave the text entered may exceed the visible field, all text entered
23. Other Actions (23) – Replace only the bracketed text (leave the text entered may exceed the visible field, all text entered
24. Re-inspections (Follow-ups to violative inspections)
25. Select the status based on your assessment of contract performance selected if work has not started yet for this contract year (e.g. the year).
26. List any major challenges encountered this reporting period and actions directly address those challenges. - Note: it is your responsibility to submit this report by the deadline. However, in the case that you are unable to meet the deadline it is still expected you will email this form with a list of corrective actions in this field by the deadline and submit a copy of the report.
27. Write a brief narrative detailing any positive, significant events

26. List any major challenges encountered this reporting period and the actions directly address those challenges. - Note: it is your responsibility to complete this report by the deadline. However, in the case that you are unable to complete the report by the deadline it is still expected you will email this form with a list of corrective actions in this field by the deadline and submit a copy of the report.
27. Write a brief narrative detailing any positive, significant events during this reporting period.
28. If desired, report a total dollar value for Item 18. Embargos/Seizures. If a total dollar value for each embargo or seizure event, use field 29.
29. Provide any additional comments as desired for the state report.

**State Liaison:** Complete the DivisionReport tab of this workbook and email to the Project Manager, and [ORAOPDataHub@fda.hhs.gov](mailto:ORAOPDataHub@fda.hhs.gov).

### **DivisionReport: Division Review and Performance Evaluation**

30. Indicate the overall status of the State Contractor's performance. If the contractor's work has not started yet for this contract year (e.g. work is scheduled for next year).
31. (Optional) If the contractor experienced challenges or issues during this reporting period, describe the corrective actions taken or agreed to by the contractor.
32. (Optional) Write a brief narrative detailing any positive, significant events during this reporting period.
33. Use the drop-down menu provided to indicate if this report is incomplete. If incomplete, provide to include an explanation.
34. (Optional) Provide any additional comments as desired for the state report.
35. Enter the name of the Division Representative approving this report.
36. Enter the date the Division Review was completed.

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[Continu](#)

## Instructions

State\_Agency Abbreviation\_HF\_QSR", for example the Food & Drug Administration would be FDA\_HF\_QSR.xlsx.

workbook. E-mail the completed report to your State Liaison or your State Liaison's fillable fields to enter the required information. Submitting this report should be photocopied, handwritten, etc. If you find any discrepancies in the report, please contact your State Liaison or State Liaison.

[Skip to Division Instructions](#)

Agency Name.  
Contract from the dropdown provided. If you do not see your Agency Name and Project Manager for assistance.  
Agency Name.

[Complete Coversheet](#)

Agency.  
Out form.  
On filling out form.  
Performance Start Date in M/D/YYYY format as listed on the  
Performance End Date in M/D/YYYY format as listed on the

date in M/D/YYYY format, e.g. 3/1/2020.  
date in M/D/YYYY format, e.g. 6/30/2020.  
own menu for either quarterly or monthly.  
reporting period, e.g. 3<sup>rd</sup> Quarter.

## uation

, total completed within this reporting period and total remaining  
otherwise leave as "0". Fields for those items that were not included

, total completed within this reporting period and total remaining otherwise leave as "0". Fields for those items that were not included

[Continue to StateReport](#)

in field 28. When reporting more than one event, the detail entered in field 29. as additional comments.

ted text (leave the item number) with the desired short description. , all text entered will be extracted at processing.

ted text (leave the item number) with the desired short description. , all text entered will be extracted at processing.

ted text (leave the item number) with the desired short description. , all text entered will be extracted at processing.

ctions)

of contract performance for this reporting period. N/A may be entered if contract year (e.g. work is seasonal and will be performed later in

reporting period and corrective actions taken. Include how these  
Note: it is your responsibility to ensure your State Liaison receives notice in case that you are unable to complete this report in its entirety by submitting this form with applicable information as to specific challenges and corrective actions and submit a corrected complete report as soon as possible.  
significant events identified during this reporting period.

reporting period and corrective actions taken. Include how these

note: it is your responsibility to ensure your State Liaison receives  
case that you are unable to complete this report in its entirety by  
this form with applicable information as to specific challenges and  
and submit a corrected complete report as soon as possible.

significant events identified during this reporting period.

18. Embargos/Seizures from the table above. To also provide a  
ent, use field 29. Additional State Reporting Comments to list values.

for the state report.

is workbook and e-mail the completed report to the State, OP

## **valuation**

actor's performance this reporting period. N/A may be selected if  
ar (e.g. work is seasonal and will be performed later in the year).  
challenges or issues during this reporting period list them and detail any  
contractor.

any positive, significant events identified during the contractor's

te if this report is approved. If it is not approved, use the space

as desired for the division report.

ve approving this report.

pleted.

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