

Office of Partnerships Animal 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_AF_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**.

Contract Number (auto-filled)

Agency Name (select from list)

State or US Territory (auto-filled)

Contract Type

Date Completed (MM/DD/YYYY)

State Report Preparer's Name

State Report Preparer's Email

Select Agency

Select

Select Agency

FEED

Period of Performance Start Date

Period of Performance End Date

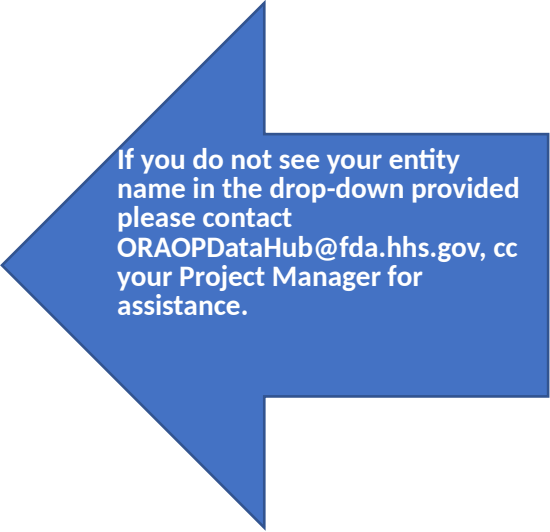
Reporting Period Start Date
Reporting Period End Date
Reporting Period Frequency
Current Reporting Period

Select
Select

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[Continue to DivisionReport](#)



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

Office of Partnerships Animal 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 25. 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.

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Total Work Accomplished	Contract Reporting Elements	Line Item <i>(for current option)</i>	Total Contract Requirement	Total Completed <i>(this reporting period)</i>	Total Remaining	
	Contract Inspection Types					
	1. Travel to Site	0	0	0	0	
	2. BSE Only Inspections	0	0	0	0	
	3. Licensed Medicated Feed Part 225 CGMP	0	0	0	0	
	4. Comprehensive Licensed Medicated Feed Part 225 CGMP	0	0	0	0	
	5. Non-Licensed Medicated Feed Part 225 CGMP	0	0	0	0	
	6. Comprehensive Non-Medicated Feed Part 225 CGMP	0	0	0	0	
	7. PCAF Part 507 CGMP	0	0	0	0	
	8. Preventive Controls for Animal Food	0	0	0	0	
9. Sanitary Transportation	0	0	0	0		
10. VFD Trace-back/Trace-forward	0	0	0	0		

Contract	11. Veterinary Feed Distribution (VFD)	0	0	0	0				
	12. VFD Distributor + BSE Non-Manufacturing	0	0	0	0				
	Contract Investigations								
	13. Official Establishment Inventory (OEI)	0	0	0	0				
	14. Visits/Out of Business (OOB)	0	0	0	0				
	Contract Audits								
	15. Audits	0	0	0	0				
	Contract Samples								
State Contract Actions	16. Product Samples								
	17. In-Compliance Quantity								
	18. Not In-Compliance Quantity								
	19. Enforcement Notices (e.g. warning letters)					0			
	20. Embargoes/Seizures					0			
	21. Hearings Conducted					0			
	22. Prosecutions/Injunctions					0			
	Other Contract Actions List Below								
	23. [Replace bracketed text]					0			
	24. [Replace bracketed text]					0			
25. [Replace bracketed text]	0								
26. Re-Inspections (Follow-ups to violative Inspections)	0								

State Contractor Challenges, Issues, and Highlights	
27. Select the current status based on your assessment of contract performance for this reporting period.	Select

<p>28. 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>29. 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>30. If applicable, report a dollar value for Item 20. Embargos/Seizures from the table above.</p>	\$0.00
<p>31. Additional State Reporting Comments</p> <p><i>(Use Alt+Enter for new line if desired)</i></p>	

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Office of Partnerships Animal 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.

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Contract Performance Feedback

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

Select

33. (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)

34. (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)

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

Select

36. (Optional) Additional Division Reporting Comments. <i>(Use Alt+Enter for new line if desired)</i>	
37. Enter the name of the Division Representative approving this report.	
38. 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 "**State_Agency Abbreviation_AF_QSR** Administration office in Maryland would use: MD_FDA_AF_QSR.xlsx.

Complete the Coversheet and StateReport tabs of this workbook. E-mail the completed form to your FDA Division representative. You must utilize this form's fillable feature to enter the information; this information in any other format is not permitted, e.g. photocopied, handwritten. If you change the pre-filled information notify your FDA Division Representative or State Liaison.

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 dropdown menu. If you are a new agency, please notify ORAOPDataHub@fda.hhs.gov and Project Manager for assistance.

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 Date in M/D/YYYY format for this contract, commonly referred to as the "Contract Start Date".

Period of Performance End Date: Enter the Period of Performance End Date in M/D/YYYY format for this contract, commonly referred to as the "Contract End Date".

Reporting Period Start Date: Enter the reporting start date (refers to the first inspection, inspected firms, and the invoice) in M/D/YYYY format, e.g. 3/1/2020.

Reporting Period End Date: Enter the reporting end date (refers to the last inspection, inspected firms, and the invoice) in M/D/YYYY format, e.g. 6/30/2020.

Reporting Period Frequency: Select from the drop-down menu for either quarterly or semi-annually.

Current Reporting Period: Select the corresponding reporting period, e.g. 3rd Quarter.

StateReport Tab: Contract Report Data and Self-Evaluation

Enter the line item number, the total required by contract, the total completed with the total remaining in the table provided for items 1.-26. as applicable, otherwise leave as "0". Items not included for the current contract year are greyed out.

Note: Make sure the line item listed on this form matches the line item listed on the contract.

1. Travel to Site

Enter the line item number, the total required by contract, the total completed with remaining in the table provided for items 1.-26. as applicable, otherwise leave as "0" not included for the current contract year are greyed out.

Note: Make sure the line item listed on this form matches the line item listed on the

1. Travel to Site
2. BSE Only
3. Licensed Medicated Feed Part 225 CGMP
4. Comprehensive Licensed Medicated Feed Part 225 CGMP
5. Non-Licensed Medicated Feed Part 225 CGMP
6. Comprehensive Non-Medicated Feed Part 225 CGMP
7. PCAF Part 507 CGMP
8. Preventive Controls for Animal Food
9. Sanitary Transportation
10. VFD Trace-back/Trace-forward
11. Veterinary Feed Distribution (VFD)
12. VFD Distributor + BSE Non-Manufacturing
13. Official Establishment Inventory (OEI)
14. Visits/Out of Business (OOB)
15. Audits
16. Product Samples
17. In-Compliance Qty
18. Not In-Compliance Qty
19. Enforcement Notices (e.g. warning letters)
20. Embargoes/Seizures- Enter total number completed for this line item and detail reporting more than one event, the detail breakdown of dollar amounts may be in comments.
21. Hearings Conducted
22. Prosecutions/Injunctions
23. Other Actions (23) – Replace only the bracketed text (leave the item number) The text entered may exceed the visible field, all text entered will be extracted
24. Other Actions (24) – Replace only the bracketed text (leave the item number) The text entered may exceed the visible field, all text entered will be extracted
25. Other Actions (25) – Replace only the bracketed text (leave the item number) The text entered may exceed the visible field, all text entered will be extracted
26. Re-inspections (Follow-ups to violative inspections)
27. Select the status based on your assessment of contract performance for this selected if work has not started yet for this contract year (e.g. work is seasonal the year).
28. List any major challenges encountered this reporting period and corrective actions directly address those challenges. - Note: it is your responsibility to complete this report the deadline. However, in the case that you are unable to complete the deadline it is still expected you will email this form with applicable information

- selected if work has not started yet for this contract year (e.g. work is seasonal the year).
28. List any major challenges encountered this reporting period and corrective actions directly address those challenges. - Note: it is your responsibility to this report the deadline. However, in the case that you are unable to complete the deadline it is still expected you will email this form with applicable information and corrective actions in this field by the deadline and submit a corrected copy.
 29. Write a brief narrative detailing any positive, significant events identified during this reporting period.
 30. If desired, report a total dollar value for Item 20. Embargos/Seizures from this reporting period. If a total dollar value for each embargo or seizure event, use field 31. Additional State Report Comments.
 31. Provide any additional comments as desired for the state report.

State Liaison: Complete the DivisionReport tab of this workbook and e-mail the completed report to the State Liaison, the Project Manager, and ORAOPDataHub@fda.hhs.gov.

DivisionReport: Division Review and Performance Evaluation

32. Indicate the overall status of the State Contractor's performance this reporting period. If work has not started yet for this contract year (e.g. work is seasonal and work is not yet started), select "Work has not started yet for this contract year".
33. (Optional) If the contractor experienced challenges or issues during this reporting period, list the challenges and corrective actions taken or agreed to by the contractor.
34. (Optional) Write a brief narrative detailing any positive, significant events identified during this reporting period.
35. Use the drop-down menu provided to indicate if this report is approved. If not approved, use the text box provided to include an explanation.
36. (Optional) Provide any additional comments as desired for the division report.
37. Enter the name of the Division Representative approving this report.
38. Enter the date the Division Review was completed.

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Abbreviation_AF_QSR", for example the Food & Drug
R.xlsx.

ok. E-mail the completed report to your State Liaison or
e feature to enter the required information. Submitting
photocopied, handwritten, etc. If you find any discrepancies in
tive or State Liaison.

[Skip to Division
Instructions](#)

y Name.
from the dropdown provided. If you do not see your
t Manager for assistance.

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out form.
ance Start Date in M/D/YYYY format as listed on the

ance End Date in M/D/YYYY format as listed on the

fers to the first inspection date on both, the list of
/2020.

rs to the last inspection date on both, the list of inspected

u for either quarterly or monthly.
period, e.g. 3rd Quarter.

total completed within this reporting period and the total
otherwise leave as "0". Fields for those items that were

line item listed on the appropriate contract.

total completed within this reporting period and the total otherwise leave as "0". Fields for those items that were

line item listed on the appropriate contract.

MP

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for this line item and dollar value in field 30. if desired. When dollar amounts may be included in field 31. as additional

(leave the item number) with the desired short description. The information entered will be extracted at processing.

(leave the item number) with the desired short description. The information entered will be extracted at processing.

(leave the item number) with the desired short description. The information entered will be extracted at processing.

performance for this reporting period. N/A may be used if the work is seasonal and will be performed later in

period and corrective actions taken. Include how these actions are your responsibility to ensure your State Liaison receives the report if you are unable to complete this report in its entirety by the deadline. Provide applicable information as to specific challenges and

ear (e.g. work is seasonal and will be performed later in

period and corrective actions taken. Include how these

your responsibility to ensure your State Liaison receives

you are unable to complete this report in its entirety by the

with applicable information as to specific challenges and

submit a corrected complete report as soon as possible.

of events identified during this reporting period

Exports/Seizures from the table above. To also provide a

Field 31. Additional State Reporting Comments to list values.

State report.

ook and e-mail the completed report to the State, OP

performance this reporting period. N/A may be selected if

work is seasonal and will be performed later in the year).

issues during this reporting period list them and detail any

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of, significant events identified during the contractor's

report is approved. If it is not approved, use the space

for the division report.

ing this report.

[eReport](#)

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