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.

Contract Number (auto-filled)   Select Agency

Agency Name (select from list)   Select

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

Period of Performance Start Date
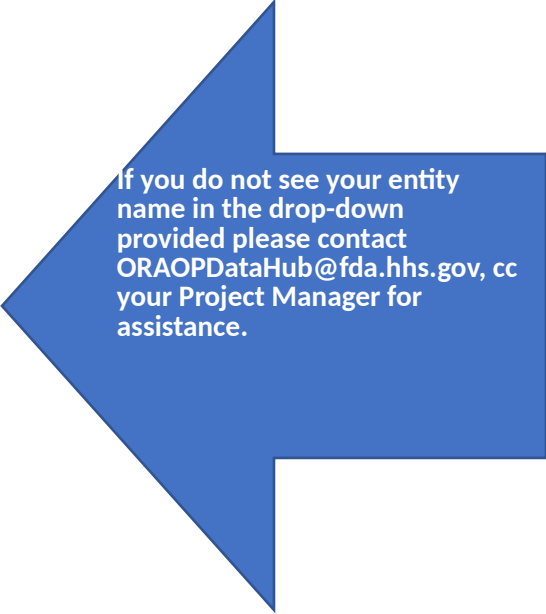
Period of Performance End Date

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

Review Instructions

Continue to StateReport

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 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.

Review Instructions	Complete Coversheet	Continue to StateReport	Continue to DivisionReport

Contract Reporting Elements	Line Item *(for current option)*	Total Contract Requirement	Total Completed *(this reporting period)*	Total Remaining
Contract Inspection Types				
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
Contract Investigations				
7. OEI Improvement	0	0	0	0
8. Recall Audit Check				
9. Remote Assessments				
Contract Audits				
10. Audits	0	0	0	0

Contract Work Accomplished

Cont

Contract Samples					
11. Product Samples					
12. In-Compliance Quantity					
13. Not In-Compliance Quantity					
14. Environmental Samples	0	0	0	0	
15. In-Compliance Quantity			0		
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		
Other Contract Actions List Below					
21. [Replace bracketed text]			0		
22. [Replace bracketed text]			0		
23. [Replace bracketed text]			0		
24. Re-Inspections (Follow-ups to violative Inspections)			0		

(Left vertical label: State Contract Actions)

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

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

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.

Review Instructions	Complete Coversheet	Continue to StateReport	Continue to DivisionReport

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. *(Use Alt+Enter for new line if desired)*	
35. Enter the name of the Division Representative approving this report.	
36. Enter the date this Division Review was completed.	

Contract Quarterly Summary Report Instructions

State agencies:

Save this form as an excel file using filename format **"State_Agency Al**
Drug Administration office in Maryland would use: MD_FDA_HF_QSR.:

Complete the Coversheet and StateReport tabs of this workbook. E-m
FDA Division representative. You must utilize this form's fillable fields t
information in any other format is not permitted, e.g. photocopied, ha
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 th
agency, please notify ORAOPDataHub@fda.hhs.gov and Project Manag
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 for
Period of Performance Start Date: Enter the Period of Performance St
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/YY
Reporting Period End Date: Enter the reporting end date in M/D/YYYY
Reporting Period Frequency: Select from the drop-down menu for eith
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 complete
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)

Enter the line item number, total required by contract, total complete
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. Whe
    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 th
    The text entered may exceed the visible field, all text entered
22. Other Actions (22) – Replace only the bracketed text (leave th
    The text entered may exceed the visible field, all text entered
23. Other Actions (23) – Replace only the bracketed text (leave th
    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 perfo
    selected if work has not started yet for this contract year (e.g
    the year).
26. List any major challenges encountered this reporting period a
    actions directly address those challenges. - Note: it is your res
    this report by the deadline. However, in the case that you are
    the deadline it is still expected you will email this form with a
    corrective actions in this field by the deadline and submit a c
27. Write a brief narrative detailing any positive, significant ever

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

State Liaison: Complete the DivisionReport tab of this workbook and
Project Manager, and ORAOPDataHub@fda.hhs.gov.

DivisionReport: Division Review and Performance Evaluation

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

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Review Instructions   **Complete Coversheet**   **Continu**

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State_Agency Abbreviation_HF_QSR", for example the Food &
D_FDA_HF_QSR.xlsx.

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

ur Agency Name.
 contract from the dropdown provided. If you do not see your
d Project Manager for assistance.
ame.

 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.
ate in M/D/YYYY format, e.g. 6/30/2020.
wn menu for either quarterly or monthly.
eporting period, e.g. 3rd Quarter.

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herwise leave as "0". Fields for those items that were not included

, total completed within this reporting period and total remaining
herwise 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
ed in field 29. as additional comments.

ted text (leave the item number) with the desired short description.
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ted text (leave the item number) with the desired short description.
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ted text (leave the item number) with the desired short description.
, all text entered will be extracted at processing.
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of contract performance for this reporting period. N/A may be
ontract year (e.g. work is seasonal and will be performed later in

eporting period and corrective actions taken. Include how these
ote: 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
e and submit a corrected complete report as soon as possible.
significant events identified during this reporting period.

porting period and corrective actions taken. Include how these

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case that you are unable to complete this report in its entirety by

this form with applicable information as to specific challenges and

e 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

nt, 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).

lenges or issues during this reporting period list them and detail any

contractor.

ny 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.

e to StateReport   Continue to DivisionReport