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| U. S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE HOURS OF OPERATION REQUEST/APPROVAL | 1. ESTABLISHMENT NO.: 2. DATE: 3. DISTRICT OFFICE NAME AND MAILING ADDRESS: 4. ESTABLISHMENT NAME, MAILING ADDRESS, AND E-MAIL ADDRESS: 5. PHYSICAL LOCATION OF ESTABLISHMENT: |
|---|--|

6. TYPES OF INSPECTION: *(check all that apply)*

☐ MEAT
 ☐ POULTRY
 ☐ IMPORT
 ☐ EGG PRODUCTS
 ☐ SILURIFORMES - FISH

SCHEDULE OF OPERATIONS

| FIRST SHIFT | | | | SECOND SHIFT | | | |
|-------------|------------|-------|----------|--------------|------------|-------|----------|
| DAYS | START TIME | LUNCH | END TIME | DAYS | START TIME | LUNCH | END TIME |
| SUN. | | | | SUN. | | | |
| MON. | | | | MON. | | | |
| TUES. | | | | TUES. | | | |
| WED. | | | | WED. | | | |
| THURS. | | | | THURS. | | | |
| FRI. | | | | FRI. | | | |
| SAT. | | | | SAT. | | | |

EXEMPT ACTIVITIES

JURISDICTION

| | | | |
|--|--|---|---|
| CUSTOM SLAUGHTER (livestock only) <input type="checkbox"/> YES <input type="checkbox"/> NO | CUSTOM EXEMPT PROCESSING (livestock only) <input type="checkbox"/> YES <input type="checkbox"/> NO | RETAIL EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO | DUAL JURISDICTION ESTABLISHMENT with FDA <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|---|---|

COMMENTS:

| | | |
|----------------------------|--|-------|
| PRINTED NAME OF APPLICANT: | | DATE: |
| SIGNATURE OF APPLICANT: | | |

FSIS USE ONLY

FRONTLINE SUPERVISOR: ☐ RECOMMENDED ☐ NOT RECOMMENDED

COMMENTS:

| | | |
|---------------------------------------|--|-------|
| PRINTED NAME OF FRONTLINE SUPERVISOR: | | DATE: |
| SIGNATURE OF FRONTLINE SUPERVISOR: | | |

DISTRICT MANAGER USE

DISTRICT MANAGER: ☐ APPROVED ☐ NOT APPROVED

The assigned inspector's tour of duty for your establishment is _____.

Should you request overtime or holiday inspection service outside of the assigned inspector's tour of duty, if granted, you shall reimburse FSIS in accordance with 9 CFR 307.5(a) or 9 CFR 381.38.

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| DISTRICT MANAGER SIGNATURE: | | DATE: |
|-----------------------------|--|-------|