U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE LIVESTOCK AND POULTRY PROGRAM **SHELL EGG GRADING VOLUME REPORT**	1. NAME AND ADDRESS OF WORK LOCATION (Include Zip Code)	2 (a). Scheduled Plant No.	2 (b). Unscheduled Request No.	**OMB APPROVED: NO. 0581-0128** Page _____ of _____	
		3. REPORTING PERIOD ☐ Daily ☐ Weekly ☐ Billing Period		4. From	5. To

ACCEPTANCE SERVICE VOLUME

6. GRADE	7. ACCEPTANCE SERVICE	8. EXPORT COUNTRY CODE	9. GRADED	10. CONSUMER LABELED	11. 30 DOZEN CASES ACCEPTED	12. 30 DOZEN CASES RETAINED

CERTIFICATION STATEMENT

I certify that the volumes of products processed as stated above, are correct to the best of my knowledge and the product officially identified as marked.

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Signature of Grader

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