

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0135. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

## PRELIMINARY INQUIRY WORKSHEET

(Include attachments, additional pages, labels and flowcharts as necessary)

TODAY'S DATE:  ESTABLISHMENT NUMBER: M- \_\_\_\_\_ P- \_\_\_\_\_ G- \_\_\_\_\_ V- \_\_\_\_\_

COMPANY'S NAME:

COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COMPANY TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

PRIMARY COMPANY CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY MEDIA CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK THIS IF CONSUMER AND MEDIA CONTACT ARE SAME, IF DIFFERENT, PLEASE SPECIFY:

COMPANY CONSUMER CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ISSUE DESCRIPTION: 1. \_\_\_\_\_

LIKELY ROOT CAUSE: \_\_\_\_\_

HOW WAS THE ISSUE DISCOVERED: 2. \_\_\_\_\_

WHEN WAS FSIS NOTIFIED: \_\_\_\_\_ WHEN WAS FSIS NOTIFIED: \_\_\_\_\_

BRAND NAME			
PRODUCT NAME			
PRODUCT TYPE (e.g., RTE, Canned, Frozen)			
HACCP CATEGORY			
PRODUCTION DATE(S)			
PACKAGING DATE(S)			
LOT CODE(S)			
PACKAGE (type and size)			
PACKAGE CODE(S) (ex: Use by/sell by)			

<sup>1</sup> Please indicate the primary issue. For example: STEC / Listeria Monocytogenes / Salmonella / Residue / Processing Defect / Extraneous (foreign) material/ Undeclared or Allergen or Substance / Other (if other, please describe)

<sup>2</sup> Notification may include: 3rd Party / Consumer / FDA / IIC / Monitor / Outbreak / Plant / Retail / Other (if other, please describe)

CASE CODE(S) (Identifying)			
UNITS PER CASE			
USABLE SHELF LIFE OF PRODUCT			
AMOUNT PRODUCED (lbs.)			
AMOUNT HELD AT ESTABLISHMENT (lbs.)			
AMOUNT DISTRIBUTED (lbs.)			
DISTRIBUTION LEVEL (Institutional/Retail)			
DISTRIBUTION AREA (states)			
EXPORTED TO (Country)			
DONATED COMMODITY/ USDA FOODS <sup>3</sup>	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)
DEPT. OF DEFENSE <sup>4</sup> (DeCA, DLA, AAFES)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)
INTERNET OR CATALOG SALES	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)

**IF PRODUCT THAT WAS DISTRIBUTED IS ON HOLD AT AN OFF-SITE<sup>5</sup> LOCATION, SPECIFY:**

AMOUNT ON HOLD OFFSITE (LBS.):

---

LOCATION, SPECIFY:

---

PRODUCT LOCATION(S):

---

**ADDITIONAL COMMENTS: (please attach any mitigating information you would like FSIS to consider)**

<sup>3</sup> Defense Commissary Agency (DeCA) procures food items for military grocery stores. Defense Logistics Agency (DLA) procures on behalf of military dining facilities and operational rations. Army Air Force Exchange System (AAFES) procures on behalf of installation shopping malls and associated concessionaires.

<sup>4</sup> Program) National School Donated Commodity/USDA Foods is direct deliver by USDA for product to the Federal Assistance Lunch for Emergency Assistance

<sup>5</sup> Off-site location may include a distributor warehouse, restaurant, retailer, another federal establishment, etc.