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 0583-0144. 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.

INDUSTRY REPORT OF ADULTERATION:

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REPORTED DATE:	(date reported to the Agency):		g or supplemental doc	umentation
NOTIFIER INFORMA	TION (identify the establish	ment represe	ntative reporting t	the incident)
First Name:			Last Name:	:
Telephone Number:	elephone Number: Ext:			
Notifying Establish	ment Role: (identify the establ	ishment repre	sentative reporting	the incident)
Shipping Estab	lishment		Rece	iving Establishment
Notifying Establishme	ent Name:			
Notifying Establishme	ent Number:			
Notifier Information A	dditional Comments:			

INFORMATION FOR OTHER INVOLVED ESTABLISHMENTS:

Additional Establishment Role (provide information for other establishments involved):

Shipping Establishment		Receiving Establishment
Additional Establishment Name:		
Additional Establishment Number:		

Comments for additional establishment(s):

PRODUCT INFORMATION:

Date the Adulteration or Misbr	anding was identified:	
Identified issue(s):		
Pathogen	Extraneous Material	Undeclared Allergen
Mislabeling	Unapproved Substance	Undeclared Substance
Residue	Undeclared Substance	Produced Without Benefit of Inspection
SRM	Insanitary Conditions	Failure to Present Import Reinspection

Issue(s) Description (include specific details to describe the issue and how and when the problem was discovered)

Likely Root Cause (describe how and when the issue occurred, including any production dates):

Date Shipped:	Date Received:	
Product Name:	Lot Code/identifie	er:

Establishment Name on Product:

Producer Name on Product:

HACCP Category:	Finished Products Type:	
Species:	Product Group:	

PRODUCT QUANTITIES (provide in pounds):

Implicated:			In Commerce:		Under Control:
STATUS OF IMPLICATED PRODUCT (if applicable):					
Amount condemned:					

Location(s) of: product under control:

CARRIER INFORMATION (if applicable)	Carrier Name:	
Carrier Phone Number:	Carrier Ac	ldress:

ADDITIONAL COMMENTS: