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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.

DISTRICT MANAGER SIGNATURE:		DATE:
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