| OMB control num<br>per response, inc<br>nformation. To se   | ber. The valid OMB co<br>luding the time for revi<br>ubmit electronically, co | ontrol number for this info<br>ewing instructions, searc<br>mplete the electronically | ormation collection is 058<br>ching existing data source<br>/-fillable form and save th | 3-0153. The tes, gathering a line form on you | ime required to complete t<br>and maintaining the data n<br>r hard drive. Print the form | his information collectio<br>eeded, and completing<br>and sign it. Scan the fo | formation unless it displays a val<br>n is estimated to average 20 mir<br>and reviewing the collection of<br>orm and e-mail the completed for<br>billing address. |  |
|---|---|---|---|---|--|--|---|--|
| ne Grant Curator in the appropriate FSIS District Office. For paper copies, send the signed app<br>U.S. DEPARTMENT OF AGRICULTURE<br>FOOD SAFETY AND INSPECTION SERVICE<br>HOURS OF OPERATION<br>REQUEST/APPROVAL |   |   |   |   | 1. ESTABLISHMENT NO.:  |  | 2. DATE:  |  |
|   |   |   |   |   | 3. DISTRICT OFFICE NAME AND MAILING ADDRESS:   |  |   |  |
| 4. ESTABLISHI   | MENT NAME, MAILII   | NG ADDRESS, AND E   | -MAIL ADDRESS:  | 5. PH   | IYSICAL LOCATION OF  | ESTABLISHMENT:   |   |  |
| 6. TYPES OF I   | NSPECTION: (check   | k all that apply)   |   | ORT   | EGG PRODI  | JCTS   | SILURIFORMES - FISH   |  |
|   |   |   | SCHEDUL   | E OF OPE                                      | RATIONS  |  |   |  |
|   |   | FIRST SHIFT   | 1   |   |  | SECOND SHIFT   |   |  |
| DAYS  | START TIME  | LUNCH   | END TIME  | DAYS  | START TIME   | LUNCH  | END TIME  |  |
| SUN.  |   |   |   | SUN.  |  |  |   |  |
| MON.  |   |   |   | MON.  |  |  |   |  |
| TUES.<br>WED.   |   |   |   | TUES.<br>WED.                                 |  |  |   |  |
| THURS.  |   |   |   | THURS.  |  |  |   |  |
| FRI.  |   |   |   | FRI.  |  |  |   |  |
| SAT.  |   |   |   | SAT.  |  |  |   |  |
| EXEMPT ACTIVITIES   |   |   |   |   |  | JURISDICTION   |   |  |
|   | M SLAUGHTER<br>estock only)   | CUSTOM EXEMPT PROCESSING<br>(livestock only)  |   | RE  | RETAIL EXEMPT DUAL JURISDICTION ESTABLISHMENT with FDA                                   |  |   |  |
| YES NO  |   | YES   | NO  | YES NO  |  | YES  | NO NO   |  |
| COMMENTS  | :   |   |   |   |  |  |   |  |
| RINTED NAM<br>FAPPLICAN   |   |   |   |   |  |  | DATE:   |  |
| GNATURE   | T:  |   |   |   |  |  |   |  |
|   |   |   | FSI   | S USE ONI                                     | Y  |  |   |  |
| FRONTLINE SUPERVISOR: RECOMMENDED   |   |   |   |   | NOT RECOMMENDED  |  |   |  |
| COMMENTS  | :   |   |   |   |  |  |   |  |
| PRINTED NAME OF<br>RONTLINE SUPERVISOR:   |   |   |   |   |  |  | DATE:   |  |
| IGNATURE O<br>RONTLINE SU   |   |   |   |   |  |  |   |  |
|   |   |   | DISTRIC   | T MANAGE                                      | RUSE   |  | I   |  |
| DISTRICT MANAGER:   |   |   | APPROVED NOT APPROVED   |   |  |  |   |  |
|   | lest overtime or holid  | for your establishmen ay inspection service of  |   | inspector's to                                | our of duty, if granted, yc  | u shall reimburse FSI  | S in accordance with 9 CFR  |  |
|   | AGER  |   |   |   |  |  | DATE:   |  |