

**REVIEW AND COMPLIANCE RECORD**

**PART I**

NATURE OF ACTION

DATE OF THIS REVIEW

A = Add New Firm  
BC = Update Based Upon Review

C = Change Form  
D = Delete Form

Month	Day	Year

**PART II**

EMAIL ADDRESS

OFFICER

PHONE NUMBER

STREET ADDRESS OR R.F.D. NUMBER

CITY

STATE ABBREV.

ZIP CODE

COUNTY

REGION

RISK CATEGORY

TYPE OF PRODUCT

NC

1 2 3 4 5 9

M = MEAT  
P = POULTRY  
B = MEAT AND POULTRY

TYPE OF BUSINESS (code\* in order of prominence)

INSPECTION PROGRAM

GRADING CODE

N = NONE F = FEDERAL S = STATE  
C = COUNTY T = TALMADGE-AIKEN

N = NONE  
F = FEDERAL  
S = STATE

ESTABLISHMENT NUMBER

**PART III**

**MANAGING OFFICIALS**

NAME/PHONE NUMBER

NAME/PHONE NUMBER

ADDRESS

ADDRESS

SOURCE(S) OF INFORMATION, ADDITIONAL REMARKS, AND OTHER PERTINENT INFORMATION (Include names and addresses where appropriate.)

RECOMMENDATIONS

AREA OFFICE

SIGNATURE OF OFFICER

BADGE NUMBER

\*CODES: 01-Processor; 02-Distributor; 03-Renderer; 04-Broker; 05-4-D; 06-Retailer; 07-Transporter; 08-Custom; 09-Restaurant; 10-Abattoir; 11-Animal Food; 12-Warehouse; 13-Salvage; 14-Miscellaneous