

REVIEW AND COMPLIANCE RECORD <i>(See PCP Guidelines for Completion of Blocks)</i>	NAME OF FIRM
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PART I

NATURE OF ACTION						
<input type="checkbox"/>	A = Add New Firm BC = Update based upon review, Parts I, II & III	C = Change Form, Part I, II, or III D = Delete Form				
SUPERVISOR'S INITIALS	REGION	CONTROL NUMBER <i>(8 characters)</i>	STATUS	REGION ASSIGN. CODE	DATE OF THIS REVIEW <i>(mm/dd/yy)</i>	

PART II

FIRM NAME <i>(No more than 30 characters entered)</i>	FEDERAL EST. NO. <i>(ADP Format - 8 Characters)</i>	POULTRY EST. NO. <i>(ADP Format - 7 Characters)</i>
PREVIOUS FIRM NAME <i>(If applicable) (No more than 30 characters entered)</i>	P	
		S

<input type="checkbox"/>	AKA	FIRM NAME <i>(If applicable) (No more than 30 characters entered)</i>
<input type="checkbox"/>	DBA	

STREET ADDRESS OF R.F.D. NO. <i>(No more than 26 characters entered)</i>	CITY <i>(No more than 20 characters entered)</i>
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STATE ABBREVIATION	ZIP CODE <i>(No more than 10 digits w/hyphen)</i>	RISK CATEGORY	TYPE OF PRODUCT
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 9	<input type="checkbox"/> M = Meat <input type="checkbox"/> G = Egg <input type="checkbox"/> P = Poultry <input type="checkbox"/> B = Meat and Poultry
TYPE OF BUSINESS <i>(Code* in order of prominence)</i>	INSPECTION PROGRAM	TQC ESTABLISHMENT	GRADING CODE
	<input type="checkbox"/> N = None <input type="checkbox"/> F = Federal <input type="checkbox"/> S = State <input type="checkbox"/> T = Talmadge-Aiken	<input type="checkbox"/> N = None <input type="checkbox"/> P = Partial <input type="checkbox"/> T = Total	<input type="checkbox"/> N = None <input type="checkbox"/> F = Federal
IF VIOLATION OF FMIA, EPIA, AND/OR PPIA, ENTER CODE			

PART III

MANAGING OFFICIAL NAME 1 <i>(No more than 30 characters entered)</i>	MANAGING OFFICIAL NAME 2 <i>(No more than 30 characters entered)</i>
ADDRESS 1 <i>(No more than 60 characters entered - 30 per line)</i>	ADDRESS 2 <i>(No more than 60 characters entered - 30 per line)</i>

CASE NUMBER	PRED. CODE	PRED. DATE	NO. OF VIOL.	VIOLATION DATE	CASE DATE	LOW ISSUE DATE
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SOURCE(S) OF INFORMATION, ADDITIONAL REMARKS, AND OTHER PERTINENT INFORMATION *(Include names and addresses where appropriate)*

REGIONAL OFFICE	NAME OF PROGRAM INVESTIGATOR	BADGE NO.
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* CODE **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

SOURCE(S) OF INFORMATION, ADDITIONAL REMARKS, AND OTHER PERTINENT INFORMATION (Continued)

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