

Exempt Facility Review Report
(Meat & Poultry Operations)

For Instructions: see FSIS Directive 8160.1

1. SURVEILLANCE ID (if applicable)

2. EST. NUMBER (if applicable)

3. FIRM ID (if applicable)

4a. EXEMPT EST. / FACILITY NAME

4b. EXEMPT EST. / FACILITY ADDRESS/P.O. BOX

4c. CITY, STATE, ZIPCODE

4d. EMAIL ADDRESS (if any)

5a. OFFICIAL ESTABLISHMENT?

Yes No

5b. IF OFFICIAL, NAME OF PHV (last, first)

5c. IF OFFICIAL, NAME OF IIC (last, first - if not PHV)

6. NAME OF REVIEWER

7. DATE REVIEWED

8. COPY GIVEN TO OWNER/OPERATOR

Yes No

9. DATE GIVEN

10. SPECIES:

Young Chicken

Porcine

Ovine

Caprine

Ducks

Geese

Guinea

Mature Chicken

Calves

Turkey

Bovine

Ratites

Other _____

11. IDENTIFY EACH ITEM 1 THRU 9 AS BEING N/A, YES OR NO (See Classification of Findings below).

PROVIDE COMMENTS IN TEXT BOX (92 character limit max)

CLASSIFICATION OF FINDINGS:

Acceptable - when the custom exempt plant complies with 21 USC 464, 610(b), and 623 requirements.

Unacceptable - when the custom exempt plant deviates from the 21 USC 464, 610(b), and 623 requirements.

12. CUSTOM EXEMPT REVIEW:

COMMENTS

1. Is humane slaughter/handling of livestock acceptable?

2. Is recordkeeping and documentation acceptable?

3. Are sanitary operations acceptable?

4. Is pest control acceptable?

5. Is inedible material (including SRM's) acceptable?

6. Is marking and labeling acceptable?

7. Is pathogen control acceptable?

8. Is water supply acceptable?

9. Is sewage and waste disposal acceptable?

13. (Check applicable box)

A. Were adulterated or misbranded products observed during this review?

Yes No

(if yes, please describe)

B. Do observed conditions make it likely that adulterated or misbranded product would occur?

Yes No

(if yes, please describe)

14. (Check applicable box)

A. This facility is operating under an administrative consent agreement or other applicable legal order.

Yes No

B. This facility has been recommended to EOB for removal of custom exempt privileges in the last year.

Yes No

15. RECOMMENDED REVIEW INTERVAL BASED ON ANSWERS ABOVE:

Yearly

Semi-Annually

Other _____