

MEAT AND POULTRY PROCESSING SURVEY

Establishment Name:	Date:
Contact Person(s):	Address:
Phone Number:	County:
Name of inspector completing this survey:	
Is this establishment interested in producing inspected meat and poultry products for other individuals starting a new business:?	
Yes <input type="checkbox"/> No: <input type="checkbox"/>	

NOTE: IF NO, THIS IS THE END OF THE SURVEY. IF YES, PLEASE ANSWER THE FOLLOWING:

What inspected processing activities can this establishment provide for individuals? *(check all that apply, if "none" leave blank):*

<u>Raw Ground</u>	<u>Raw Not Ground</u>	<u>Cooking</u>	<u>Curing</u>	<u>Drying</u>	<u>Smoking</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the specific types of curing, smoking, cooking or drying this establishment can provide *(for example: beef jerky, pork skins, chicken salad, barbecue, etc.)*

Is this establishment willing to label product with the individual's name/logo? *(Ex. "Packed for John Doe"):*

Yes No:

Is this establishment willing to deliver product?

Yes No: