

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0015. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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| NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES MEAT AND POULTRY INSPECTION SERVICE REPORT OF RECALL EFFECTIVENESS: Effectiveness Check | | 1. NAME AND ADDRESS OF CONSIGNEE/CUSTOMER | |
| | | 2. RECALL CASE NO. | 3. CLASS |
| 4. NAME OF PRODUCT(S) RECEIVED | | 5. PRODUCT CODES/LOTS/SELL-BY-DATE <i>(attach separate sheet if needed)</i> | |
| 6. NAME AND TITLE OF PERSON INTERVIEWED | | 7. DATE OF INTERVIEW | 8. TIME OF INTERVIEW |
| 9. INTERVIEW CONDUCTED BY? | | | |
| <input type="checkbox"/> TELEPHONE <input type="checkbox"/> ON-SITE | | | |
| 10. WAS RECALL NOTIFICATION RECEIVED? | | 11. HOW WAS NOTIFICATION RECEIVED? | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Date notified):</i> _____ | | <input type="checkbox"/> MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> OTHER (explain): _____ | |
| 12. AMOUNT OF RECALLED PRODUCT RECEIVED <i>(in lbs.)</i> | | <i>If amount unknown, explain:</i> | |
| 13. IS PRODUCTION ON HAND? | | <i>If no, what happened to product?</i> | |
| <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(give amount in lbs.)</i> | | <input type="checkbox"/> Returned to recalling firm <input type="checkbox"/> Consumed <input type="checkbox"/> Destroyed <input type="checkbox"/> Further distributed <input type="checkbox"/> Did not receive <input type="checkbox"/> Other <i>(specify):</i> _____ | |
| | | <i>If further distributed, obtain consignee list and give number of consignees:</i> | |

14. REMARKS:

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| SIGNATURE OF FSIS OFFICIAL | DATE |
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