| | | I. GENERAL INFO | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------|--|
| | | Firm Name | | |
| | | Firm ID | | |
| | | Reasons | | |
| | | Retail Project | | |
| UNITED STATES DE | EPARTMENT OF AGRICULTURE | | | |
| FOOD SAFETY | AND INSPECTION SERVICE | Project Name | | |
| Survei | llance Record | Address 1 | | |
| | | Address 2 | | |
| | | City | | |
| | | State | Zip Code | |
| | | Primary Business Type | | |
| | | Casandaw Dispinasa Tura | | |
| | | Secondary Business Type | | |
| Surveillance ID T | | Tertiary Business Type | | |
| Date Performed | | Created By | Creator | |
| | | II. FOOD DEFENSE | | |
| | | | | |
| Was Food Defense | Was Food Defense conducted? | | | |
| Type of Products Observed MEAT POULTRY EGG PRODUCTS SHELL EGGS | | | | |
| SILURI | FORMES FISH NON-A | AMENABLE | | |
| Plan Information | an Information Is there a written Food Defense Plan? | | | |
| | Is there emergency contact info | ormation? | | |
| Outside Security | Does the facility have food defense measures to protect the outer perimeter and/or outside premises of the facility? (e.g., cameras, security guards, fencing, lighting, alarm system, controlled access system, and/or locks) | | | |

| Inside Security | Does the facility have food defense measures in place for the inside of the facility? (e.g., cameras, security guards, lighting, alarm system, controlled access system, and/or locks) | |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| | Are there procedures in place to ensure that all persons in the firm are authorized and properly identified when on the premises? | _ |
| | Are there use and storage procedures for any hazardous materials in the firm to preclude product adulteration? | |
| | Are there procedures to protect food and food ingredients including the water used in products? | |
| | Does the firm keep a record of all visitors? (e.g., log) | |
| Shipping and | Is access to shipping/receiving area(s) restricted to authorized personnel? | |
| Receiving | Is there a procedure to verify that incoming/shipped products are consistent with shipping documents? | |
| | Is there a procedure to observe incoming products for indication of tampering? | |
| | Is there a procedure for maintaining security of products during loading/shipping? | |
| | Is there a procedure in place to verify driver identification to correlate with paper work? | |
| Product Control | Did a detention occur? | |
| Firm Notification | Have all identified security vulnerabilities been discussed with management? | |
| | Was FSIS form 5420-3 provided to the firm? | |
| Products Observed | All products observed were free from apparent tampering and adulteration? | _ |
| | Food Defense Exit Notes | |
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| III. FOOD SAFETY | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Are all meat, poultry, Siluriformes fish, shell eggs or egg products wholesome and not adulterated? | | | | |
| Are sanitary conditions such that meat, poultry, Siluriformes fish, shell eggs or egg products will not become contaminated with filth or rendered injurious to health? | | | | |
| Are hazard controls adequate to prevent meat, poultry, Siluriformes fish, shell eggs or egg products from becoming adulterated? | | | | |
| Are all meat, poultry, Siluriformes fish, shell eggs or egg products not intended for use as human food properly denatured or otherwise made inedible as prescribed by the regulations? | | | | |
| Are all records kept and maintained in a manner that fully and correctly discloses all transactions involved in the business activity that is subject to the provisions of the Acts? | | | | |

Additional Comments

| IV. IMPORTED PRODUCTS | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Were imported products observed? | | | | |
| Did all imported product bear shipping marks? If No, explain in additional comments | | | | |
| Were the correct documents relating to the importation of the product in question available from the Importer of Record, product owner, custodian, Import Broker, or the interested party? If No, explain in additional comments | | | | |
| Did all imported product bear shipping marks of Federal import inspection, if required? If No, explain in additional comments | | | | |
| Was the PHIS or AIIS used to verify that the products? If No, explain in additional comments. | | | | |
| a. Originated from eligible foreign countries? | | | | |
| b. Originated from eligible foreign establishments? | | | | |
| c. Were produced while the foreign establishment was listed as eligible? | | | | |
| d. Were inspected and passed by FSIS? | | | | |

Additional Comments

| V. ADDITIONAL INFORMATION | | | | | | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|----------------|--|--|
| Firm Representatives | Did an Investigator meet with a firm representative for Name of Representative 1 Name of Representative 2 | Title | | | | |
| Referral of Findings | Did you refer your surveillance findings to other federal or state agencies? Comments: | | | | | |
| Follow-up Information | Is this a follow up from a previous Food Defense or S Is a follow up required for the surveillance? Follow Up Comments | Expected Follow Up Date | Follow Up Completed | Follow Up Date | | |

Additional Comments

| VI. SHELL EGGS | | | |
|---------------------------------------|--|------------------------|--|
| Were shell egg temperatures verified? | | Shell Egg Temperatures | |
| Are shell eggs properly labeled? | | | |

Comments:

| VII. SAMPLING INFORMATION | | | | |
|----------------------------------------------------------------------------------------------|--|--|--|--|
| Was a sample taken during the surveillance? If yes, please specify the type of sample taken. | | | | |
| Sample Type | | | | |
| If no, please provide the following: | | | | |
| Number of MT05/MT06 Samples | | | | |
| Number of Special Projects/Investigative Samples | | | | |
| Sample Result | | | | |
| Does the firm keep adequate grinding records? | | | | |

| Was Nutritional Labeling Verified? Are all meat, poultry, Siluriformes fish, shell eggs or egg products observed properly marked, labeled and packaged? Do the records associated with the meat, poultry, Siluriformes fish, shell eggs or egg products observed properly identify these products in accordance to the Acts? Additional Comments IX. SUPERVISOR REVIEW Supervisor Reviewed Supervisor Comments | VIII. NON-FOOD SAFETY CONSUMER PROTECTION | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|--|--|--|
| Do the records associated with the meat, poultry, Siluriformes fish, shell eggs or egg products observed properly identify these products in accordance to the Acts? Additional Comments IX. SUPERVISOR REVIEW | as Nutritional Lab | eling Verified? | | | |
| these products in accordance to the Acts? Additional Comments IX. SUPERVISOR REVIEW | re all meat, poultry | r, Siluriformes fish, shell eggs or egg products observed properly marked, labeled and packaged? | | | |
| IX. SUPERVISOR REVIEW | | | | | |
| | dditional Commen | s | | | |
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| Supervisor Reviewed Supervisor Comments | | IX. SUPERVISOR REVIEW | | | |
| | pervisor Reviewed | Supervisor Comments | | | |
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| X. ASSOCIATED PRODUCT CONTROL | | | | |
|-------------------------------|--|------------|--|--|
| Firm Name | | Start Date | | |
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