

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE <b>Exempt Facility Review Report</b> <i>(Meat &amp; Poultry Operations)</i> For Instructions: see FSIS Directive 8160.1		1. SURVEILLANCE ID <i>(if applicable)</i>	
		2. EST. NUMBER <i>(if applicable)</i>	3. FIRM ID <i>(if applicable)</i>

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4a. EXEMPT EST. / FACILITY NAME

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

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4c. CITY, STATE, ZIPCODE	4d. EMAIL ADDRESS <i>(if any)</i>
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5a. OFFICIAL ESTABLISHMENT? <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>	5b. IF OFFICIAL, NAME OF PHV <i>(last, first)</i>	5c. IF OFFICIAL, NAME OF IIC <i>(last, first - if not PHV)</i>
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6. NAME OF REVIEWER	7. DATE REVIEWED	8. COPY GIVEN TO OWNER/OPERATOR <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>	9. DATE GIVEN
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10. SPECIES:

Young Chicken	Porcine	Ovine	Caprine	Ducks	Geese	Guinea
Mature Chicken	Calves	Turkey	Bovine	Ratites	Other	

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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.

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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?	

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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)*

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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

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15. RECOMMENDED REVIEW INTERVAL BASED ON ANSWERS ABOVE:

Yearly
Semi-Annually
Other \_\_\_\_\_