DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION			VICES	INTERSTATE MILK SHIPPER CHECK RATING REPORT		
ΓO:			NA	ME AND ADDRESS OF SHI	PPER	
PHS	Procedures Governing the /FDA shall conduct check ished ratings. A check ratir	ratings of the sanit	ation complianc	n for Certification of Interstate e status for listed interstate m information below.	ilk shippers to assur	ifies that the re the validity of
		-			LISTED	CHECK
	DATE	RATING	RATING	TYPE OF PRODUCER RATING	AREA	CHECK RATING
BER	DATE PRODUCERS	-		-		
NUMBER		-		PRODUCER RATING		
FOTAL NUMBER	PRODUCERS	-		PRODUCER RATING PRODUCERS		

ENFORCEMENT RATING

9 7 12 13

16ABC2 16ABC1

16BC3

16B

16D 16E

16C

□ New rating by (date)

Immediate withdrawal

17

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16A(1) 16A(2)

15B

TITLE OF STATE OFFICIAL

NUMBER OF DEBITS - ITEMS OF SANITATION

8-2 8-5

15A 15B

15A

2. A transfer station shall comply with items 1, 4, 6-15, inclusive, 20, 22 and as climatic and operating conditions require applicable provisions

The results of this check rating by the PHS/FDA indicate that the following action is necessary to comply with the Conference Agreements. Failure to submit a new rating or reinspection data to the Regional Office within five (5) working days of due

9

13 14

13

1. A receiving station shall comply with items 1-15, inclusive, and 17, 20, and 22. Separation requirements of item 5 do not apply.

4

TRANSFER STATION, RECEIVING STATION, PROCESSING PLANT - NUMBER VIOLATING (Including Partial Debits)

12CDEF

12CDEF

12AB

12AB

FDA MILK SPECIALIST

RECEIVING STATION

TRANSFER STATION

PRODUCERS - NUMBER VIOLATING

4B

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date will result in automatic delisting.

RECEIVED BY (Signature of State Official)

4A

4A 4B δA 5B 50 50 Щ

> 10 7

CONDENSED AND DRY MILK PLANTS - NUMBER VIOLATING (Including Partial Debits)

of items 2 and 3. In every case, overhead protection shall be required.

□ No action necessary

□ Reinspection by (date) _

10 7

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PLANT

2A 2B 2C 2D 2E

NO. INSPECTED

1 SCC

~ N Э

~ 2 Э

PRODUCERS

APPENDIX N

IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?

> 19AB 9CD

BACT

BACT

DATE

COLI

COLI

18

BACT/ DRUG

19GH 19EF

□ YES

16

17

15A-C

18/1

4

17

38 19 15D,

20 3 21 22

20ABC

20D

21 22