

IMPORT ABNORMAL CONTAINER, CHEMICAL, SPECIES, PATHOLOGY LABORATORY ANALYSIS

LAB CONTROL NO.		1. INSPECTION LOCATION CODES DISTRICT      STATE      IMPORT ESTABLISHMENT				SERIAL NO. <b>127653</b>
2. AIIS LOT ID NO.		3. VOLUNTARY HOLD (If yes, please check) <input type="checkbox"/>		4. FSIS SCIENCE LAB-NAME		
5. PROCESS CATEGORY CODE	6. SAMPLING PROGRAM (Must check one) <input type="checkbox"/> NORMAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> INTENSIFIED		7. ACCREDITED LAB NAME (74, 75)			
8. HEALTH CERTIFICATE NO.		9. SHIPPING MARK		10. NO. OF SAMPLES	11. COUNTRY OF ORIGIN	
12. FOREIGN EST. NO. ON LABEL (PRODUCING)		13. PRODUCTION DATE/CAN CODE		14. DATE SAMPLED	15. DATE MAILED	
16. LABEL APPROVAL DECLARATION OF PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector) (Proteinaceous additives not listed below should be indicated in block 17.)						
a. N.F.D. MILK	b. I.S.P.	c. SOY PROTEIN CONCENTRATE	d. SOY FLOUR	e. H.V.P.	f. M.S.G.	g. GELATIN
%	%	%	%	%	%	%
17. NAME OF PRODUCT AS LABELED AND INGREDIENTS					18. PRODUCT DISPOSITION <input type="checkbox"/> ACCEPT/PASS <input type="checkbox"/> REJECT/FAIL	
					INITIALS	DATE
19. INSPECTOR'S NAME (print)			20. BADGE NO.	21. SIGNATURE OF INSPECTOR		
22. ANALYSES REQUESTED AND FINDINGS						
<input type="checkbox"/> TOTAL PROTEIN	<input type="checkbox"/> MEAT PROTEIN	<input type="checkbox"/> TOTAL WATER	<input type="checkbox"/> ADDED WATER	<input type="checkbox"/> ADDED SUBS.	<input type="checkbox"/> CALCIUM	<input type="checkbox"/> SALT
%	%	%	%	%	%	%
<input type="checkbox"/> TOTAL FAT	<input type="checkbox"/> MAX. INT. TEMP.	<input type="checkbox"/> SODIUM NITRITE	<input type="checkbox"/> PRESERVATIVES	<input type="checkbox"/> ANTIOXIDANTS	<input type="checkbox"/> M / P RATIO	<input type="checkbox"/> ABNORMAL CONT.
%	%	ppm	ppm			
<input type="checkbox"/> SPECIES ID	<input type="checkbox"/> PATHOLOGY	<input type="checkbox"/> BRINE CONTENT	<input type="checkbox"/> MOISTURE/FAT	<input type="checkbox"/> CALCULATED PFF		
		%	%	%		
23. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s), reserve sample(s))						
TYPE OF SAMPLE		SAMPLE RESULT CODE		WORK CODE		24. ENTER LAB CODE
25. DATE RECEIVED		26. SECURITY SEAL INTACT (1) YES <input type="checkbox"/> (2) NO <input type="checkbox"/> (3) MISSING <input type="checkbox"/>		27. CONDITION ON RECEIPT	28. DISCARD CODE	29. DATE ANALYSIS a. STARTED    b. COMPLETED
						30. ANALYST(S) CODE
31. REVIEWED BY (Signature)						