

**CANNED FOODS - DOMESTIC ABNORMAL CONTAINERS REPORTING FORM**  
*Notification Instrumental for Gathering Information for Each Incident*

PRODUCING EST. NO.	PRODUCING EST. NAME	PRODUCING TELEPHONE NUMBER
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**A. PRODUCT INFORMATION**

1. LABEL NAME OF PRODUCTION	
2. DATE OF PRODUCTION	LOT SIZE (Number of immediate containers)
3. CODE(S)	CODE BREAKDOWN
4. CONTAINER SIZE (Dimensions and Net Weight)	CONTAINER TYPE

**B. INFORMATION CONCERNING SUSPECT CODE LOT**

1. DESCRIBE THE DEVIATION AND INDICATE IF ESTABLISHMENT HAS PROPERLY DOCUMENTED THE INCIDENT(S) AND SEGREGATED THE AFFECTED PRODUCTION

2. DATE OF LAST CANNING AUDIT AND BY WHICH AGENCY		3. TYPE OF RETORT (e.g., vertical still, continuous rotary, hydrostat) & PROCESSING MEDIUM (e.g., steam, water, steam/air mixture)		INTENDED VENTING SCHEDULE
4. INTENDED PROCESS SCHEDULE:	INITIAL TEMPERATURE	PROCESS TIME	RETORT TEMPERATURE	NAME OF PROCESSING AUTHORITY

CRITICAL FACTOR(S) (If any, and indicate if there is evidence that any critical factor was out of control)

5. STATUS OF LOT(S): RETAIN  <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) _____	6. RETAIN OR COMPANY HOLDER TAG NUMBER
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7. ADDITIONAL COMMENTS BY IIC

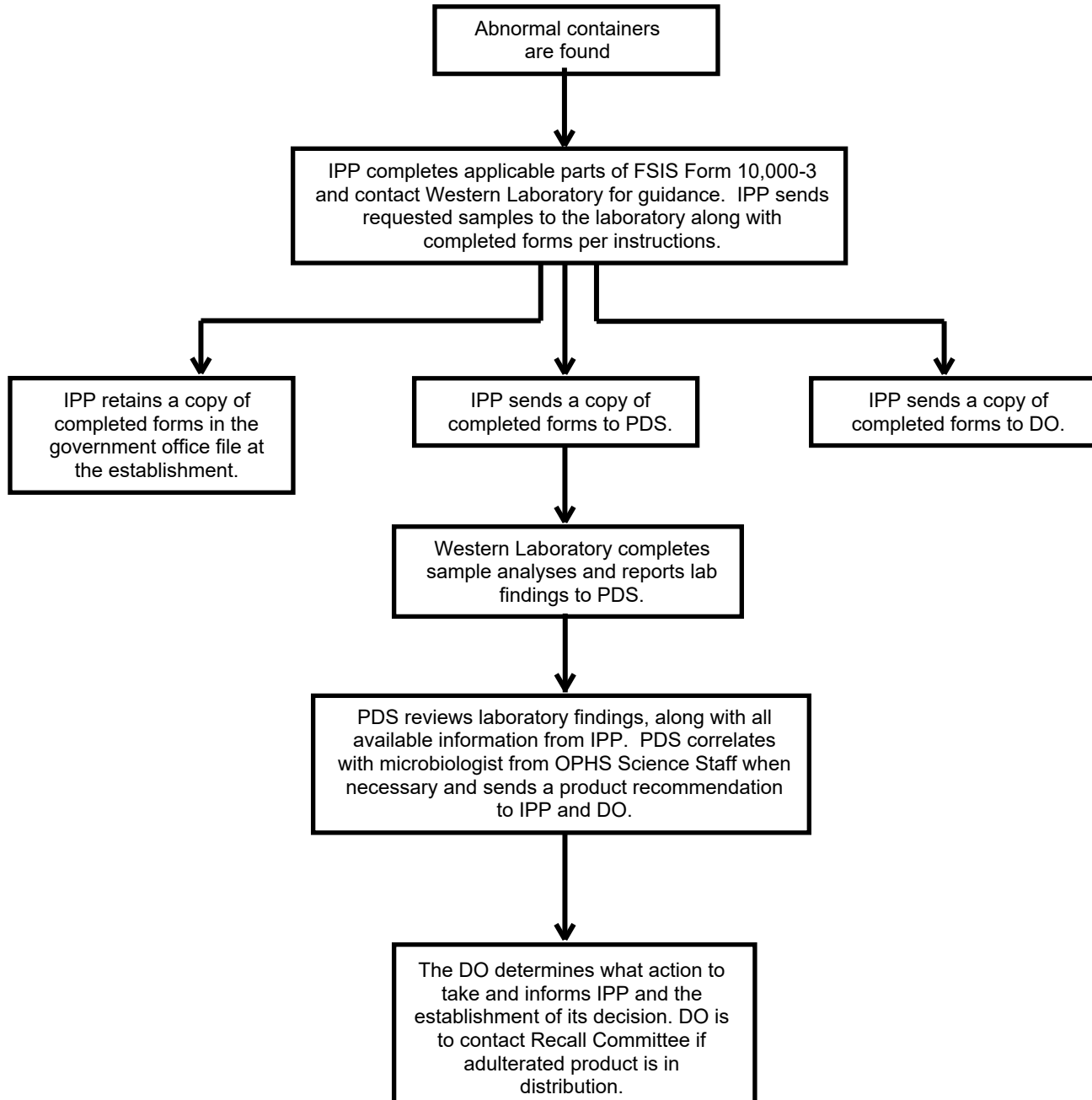
**8. DISTRIBUTION:** Submit the original of this form and documentation to PDS, submit a copy of the form to the DO and retain a copy.

COMPLETED BY (Printed name)	SIGNATURE	TITLE	PHONE	DATE
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## HANDLING DOMESTIC ABNORMAL CONTAINER INCIDENTS

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### ABBREVIATIONS:

IPP: Inspection Program Personnel  
PDS: Policy Development Staff  
DO: District Office  
OPHS: Office of Public Health Science