According to the Paperwork Reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0082. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE ACCREDITED LABORATORY PROGRAM 1. LABORATORY NAME 2. LAB NO. 3a. STREET ADDRESS (P.O. Box alone not acceptable) **FOOD CHEMISTRY ACCREDITATION ANALYTICAL** 3b. CITY 3c. STATE 3d. ZIP CODE **RESULTS** INSTRUCTIONS (See page 2 for additional 4. DATE SENT 5. DATE RESULTS DUE TO ALP: instructions): If samples do not arrive in good condition, please contact the Accredited Laboratory Program via telephone (see page 2). 6. TYPE OF SAMPLES: **ACCREDITATION PROBATIONARY** • Send report of results to ALP (see page 2). FIRST SET SECOND SET Report results to 2 decimal places. 7. CHECK SAMPLE ANALYSES REQUIRED: MOISTURE PROTEIN FAT SALT 9. AMOUNT (in percent by weight) SAMPLE TYPE OF PRODUCT PROTEIN MOISTURE NO. SALT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

SAMPLE NO.	8. TYPE OF PRODUCT	- "'5 A CI BH (in percent by weight)			
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10. COMMENTS:

11.	PRINT NAME OF ANALYST			
ENTRIES HAVE BEEN CHECKED FOR ACCURACY	SIGNATURE OF ANALYST	DATE		
	PRINT NAME OF AUTHORIZED OFFICIAL			
12.				
VERIFIED BY:	SIGNATURE OF AUTHORIZED OFFICIAL	DATE		

5 XX]h]cbU fYdcfh]b[fYei]fYa Ybhg.

- Laboratories may not subcontract out any check samples. If you are unable to analyze samples, ALP personnel must be notified before the due date.
- $_{\mbox{\scriptsize II}}$ All entries on forms and reports should be clearly \emph{typed} on the original and sent by mail.
- Check sample results must be received on or before the due date indicated on the report form.
- $_{\blacksquare \blacksquare}$ Retain a copy of your Check Sample Results for your records.
- 5 "WcffYgdcbXYbWrg\ ci `X'VY'gYbhlrc'h\ Y'Zc"ck]b['UXXfYgg.

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