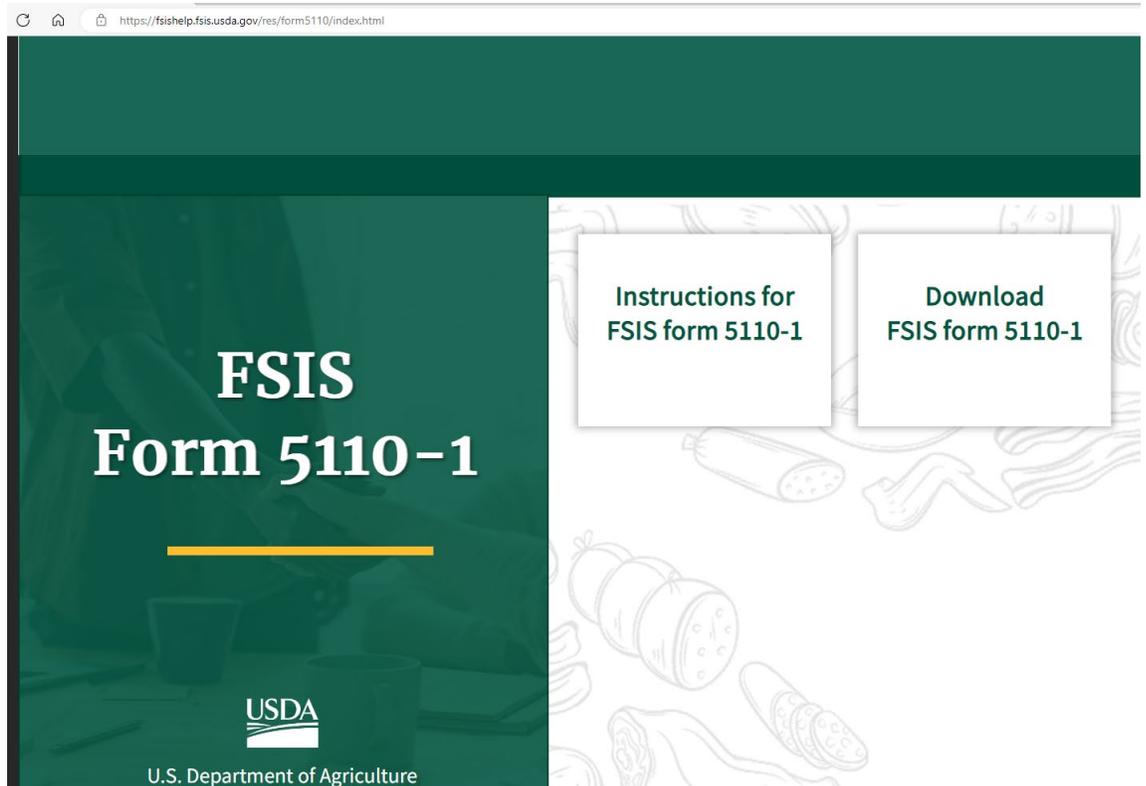
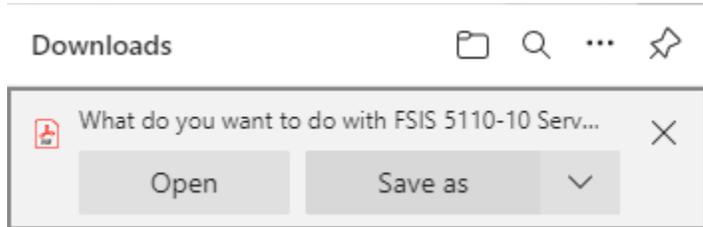


INSTRUCTIONS FOR FSIS FORM 5110-1

Go to: <https://fsishelp.fsis.usda.gov/res/form5110/index.html>



1. Select "Download FSIS form 5110-1"
 - a. You'll be prompted to save the file in Chrome. For Edge users you'll need to select Save as



2. Navigate to where you saved the file and ensure you open the form in Adobe. Do not click Open from the browser, it will only work when opened in Adobe.



1. DOCUMENT NUMBER

Reset Form

Print Form

Help

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE

SERVICES RENDERED

2. INSPECTOR'S NAME (Enter legal name) LAST NAME, FIRST NAME (REQUIRED)

3. INSPECTOR TYPE (REQUIRED)

State

Commissioned Corp

4. DATE OF PAY PERIOD (REQUIRED)

5. ESTABLISHMENT NAME (REQUIRED)

6. ESTABLISHMENT NO. (REQUIRED)

A. CALENDAR YEAR

B. PAY PERIOD DATE RANGE

C. PAY PERIOD NO.

D. PAY PERIOD END DATE

7. STREET (REQUIRED)

8. ESTABLISHMENT TELEPHONE NUMBER

9. CITY (REQUIRED)

10. STATE

11. ZIP CODE

Format #####

# HOURS BY DAY AND TYPE (REQUIRED)	WEEK 1							WEEK 2							TOTAL
	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	
REIMBURSABLE Meat/Poultry/Egg Inspection/Import															
12. OVERTIME	O														
13. HOLIDAY	H														
VOLUNTARY															
14. OVERTIME	O														
15. BASE	B														
16. HOLIDAY	H														

17. SHORTHAND CODE -- REIMBURSABLE (Hours should reconcile with inspector's T&A)

18. SHORTHAND CODE -- VOLUNTARY (Hours should reconcile with inspector's T&A)

19. REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED - Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for no more than 5 years or both (18 USC 1001)

20. INSPECTOR'S EMAIL (REQUIRED)

Format: sample@usda.gov

21. INSPECTOR'S SIGNATURE (REQUIRED)

FSIS 5110-1 (2/17/2023)

REPLACES FSIS 5110-1 (4/20/2011) PREVIOUS EDITIONS ARE OBSOLETE AND UNUSABLE
DESTROY ALL PREVIOUS EDITIONS

- Item 1 Document number: Do not write in this box. This will auto populate when the document is signed.
- Item 2 Legal Name (Last Name, First Name)
- Item 3 Inspector type: State or Commission Corp. (Federal employees should utilize Time and Attendance System)
- Item 4 Using drop down box (A) select the calendar year. Using drop down box (B) select the pay period date range. Boxes (C) and (D) will auto fill in.
- Item 5 Enter the Establishment name
- Item 6 Enter the Establishment number (ex: M159A)
- Item 7 Enter the Establishment's physical Street address

- Item 8 Enter the Establishment's Phone number
- Item 9 Enter the Establishment's physical city
- Item 10 Enter the Establishment's physical state
- Item 11 Enter the Establishment's physical zip code
- Item 12- 13 Enter the hours worked for each day services were rendered:
On the left of the line, enter whole hours
On the right of the line, enter:
1 for a quarter hour
2 for a half hour
3 for three-quarter hour
The total column will automatically calculate hours.

Format #####

# HOURS BY DAY AND TYPE (REQUIRED)		WEEK 1							WEEK 2							TOTAL
		SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	
REIMBURSABLE Meat/Poultry/Egg Inspection/Import																
12. OVERTIME	O			2		1 3				2 1					3	5.25
13. HOLIDAY	H						8									8

- Item 12 Enter inspection services billed at the overtime rate, when the establishment is outside of their approved hours of operation.
- Item 13 Enter inspection services billed at the holiday rate, when the employee is in a holiday pay status

VOLUNTARY																	
14. OVERTIME	O					3											0.75
15. BASE	B				2							1 1 1				4.25	
16. HOLIDAY	H						2									2	

- Item 14 Enter voluntary inspection services billed at the overtime rate, when the employee is an overtime pay status
- Item 15 Enter voluntary inspection services billed at the base rate, when the employee is in a base pay status performing duties not covered under the Inspection Act
- Item 16 Enter voluntary inspection services billed at the holiday rate, when the employee is in a holiday pay status
- Item 17 Input the appropriate reimbursable Shorthand Code (SHC)
- Item 18 Input the appropriate voluntary Shorthand Code (SHC)
- Item 19 Enter remarks as appropriate. If this is a corrected form replacing the original, please notate and put the original document number it's replacing.
- Item 20 Enter submitting inspectors email address.

Item 21 Click to sign electronically. Once the form validates, click field 21 again to sign. It will prompt you to save it to your computer. It's recommended to save with a different name for your records.

Once signed, please click the *Submit by email* button below the signature to send for processing. You may add additional email addresses as necessary.

Note: This form is only be filled out and submitted electronically. Do not print the form and fill it out. If you receive an error when signing, please read the error thoroughly to ensure you are not missing any required fields.

For questions or concerns please email: fsis.billing@usda.gov