

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE CANNED FOOD SAMPLE REPORTING FORM		<input type="checkbox"/> IMPORT <input type="checkbox"/> DOMESTIC		LAB <input type="checkbox"/> Eastern <input type="checkbox"/> Midwestern <input type="checkbox"/> Western TSC NO.	
Follow-up information on reverse					
PRELIMINARY REPORT TO:			FINAL REPORT TO:		
DISTRICT OFFICE OR IMPORT/FO (Name)		DATE	DISTRICT OFFICE OR IMPORT/FO (Name)		MICROBIOLOGY DIVISION (Name)
MICROBIOLOGY DIVISION (Name)		DATE	FIELD (Name/Location) * See Below		IMPORT EST. NO.
OTHER (Name & Staff)		DATE	OTHER (Name & Staff)		
PRODUCING ESTABLISHMENT INFORMATION			REPORTING INFORMATION		
NAME		LABORATORY ALERTED BY:		TELEPHONE NO.	
NUMBER		TSC CONTACTED BY:			
LOCATION		TSC CONTACT:			
		TIME:		DATE	
PROCESSING INFORMATION (Domestic Only)					
TYPE OF THERMAL PROCESSING SYSTEM		PROCESS RECORDS REVIEWED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Reported		PROCESS DEVIATIONS NOTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCT INFORMATION					
PRODUCT		PACK DATE(S)			
CONTAINER (Type & dimensions or net weight)		CODE(S)			
ABNORMALS FOUND IN		CODE BREAKDOWN			
KIND & APPROXIMATE NUMBER OF ABNORMALS		EXPLANATION FOR ABNORMALS			
AMOUNT / STATUS (i.e., retained, refused entry; on hold; passed) / LOCATION OF AFFECTED PRODUCTION					
IMPORTS ONLY: FSIS 9540-1 NO. AND LOT NO. (If applicable)					
PRODUCT DISPOSITION RECOMMENDATION					
* DO NOT IMPLEMENT UNTIL CONFIRMATION RECEIVED THRU SUPERVISORY CHANNELS					
TSC RECOMMENDATION TO DISTRICT OFFICE OR IMPORT/FO			DISTRICT OFFICE OR IMPORT/FO		
SIGNATURE		DATE	SIGNATURE		DATE

FSIS FORM 7500-1 (3/15/1999)
REPLACES FSIS FORM 7500-1 (4/91), WHICH IS OBSOLETE.
Designed on FormFlow software.

FOLLOW-UP INFORMATION
