

U.S. Department of Agriculture  
 Grain Inspection, Packers and  
 Stockyards Administration  
 Animal and Plant Health Inspection Service

**INSPECTION REPORT – INSECTS IN GRAIN**

Page of

|                                     |                           |
|-------------------------------------|---------------------------|
| 1. Name and Address of Shipper      |                           |
| 2. Location of Elevator             | 3. Grain/Commodity        |
| 4. Quantity                         |                           |
| 5. Country of Destination           | 6. Name of Carrier/Vessel |
| 7. Loading Date Start/Date Finished |                           |

| 8. Sublot Number/<br>Carrier Identification | 9. Date<br>Inspected | 10. Stowage<br>(Hold Nos.) | 11. Quantity | 12. No. of<br>Live Insects | 13. Lot<br>Infested      | 14. Name of Insect |
|---|----------------------|----------------------------|--------------|----------------------------|--------------------------|--------------------|
|   |                      |                            |              |                            | <input type="checkbox"/> |                    |
|   |                      |                            |              |                            | <input type="checkbox"/> |                    |
|   |                      |                            |              |                            | <input type="checkbox"/> |                    |
|   |                      |                            |              |                            | <input type="checkbox"/> |                    |
|   |                      |                            |              |                            | <input type="checkbox"/> |                    |
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|   |                      |                            |              |                            | <input type="checkbox"/> |                    |

|  |                       |
|--|-----------------------|
| 15. Remarks (Use reverse for additional space) | 16. Name of Inspector |
|--|-----------------------|

Fumigation Information

|                            |               |                                       |
|----------------------------|---------------|---------------------------------------|
| 17. Date of Fumigation     | 18. Treatment | 19. Hold Nos.                         |
| 20. Type of Chemical       |               | 21. Concentration Level               |
| 22. Duration of Exposure   |               | 23. Temperature at Time of Fumigation |
| 24. Quantity (metric tons) |               | 25. Name of Inspector                 |

Form FGIS-921-2 (05-08) Edition 01-07 may be used.

**FORM APPROVED OMB NO. 0580-0013:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control for this information collection is 0580-0025. The time required to complete this information collection is estimated to average 5 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.

**Additional Remarks:** (Additional information from boxes 8 - 15 may be continued on this page, or agency letterhead may be attached)

Instructions for Completing Form FGIS 921-2  
“INSPECTION REPORT – INSECTS IN GRAIN.”

1. Name and address of the shipper.
2. Location of elevator where the barge, vessel or carriers (railcars, containers) were loaded.
3. Type of grain/commodity examined for insects.
4. Total quantity (pounds or metric tons) of the grain/commodity that was loaded on the barge or vessel, or the number of containers and/or hopper cars.
5. Destination country for the grain/commodity.
6. Name of the vessel or barge identification number/name.
7. Dates the loading of the barge/vessel, unit train, container booking started and completed.
8. Sublot Number or Carrier Identification (e.g., container, railcar, or truck). For unit trains, where individual carrier IDs are required, list separately or note, “see reverse or attached for listing of car numbers.”
9. Applicable for **containers only**. Date the grain/commodity was loaded and examined for insects.
10. Stowage (Hold Nos.), location where the grain/commodity for that particular sublot is stowed.
11. Enter the approximate quantity (pounds) of the grain/commodity in the bargelot or sublot. For railcars and containers, use the actual weight of the lot or use the appropriate carrier terms (e.g., hopper, carlot, unit train, and container).
12. Number of live insects found in the corresponding sublot or carrier (if any).
13. Check the box if the grain/commodity examined meets the FGIS criteria for “Infested” or “Sample Grade” (SG) because of live insect infestation. **Mark this column only as it applies to insects, not any other SG condition.**

Note: The FGIS designation “Sample Grade” is applicable to beans, lentils, peas, and rice when infested with live weevils or other live insects injurious to stored grain. Sample Grade is also applicable to lots of milled rice that contain dead insects. **Do not report milled rice lots that are “Sample Grade” due to dead insects.** The FGIS designation of “Infested” is applied to the grains, barley, canola, corn, flaxseed, mixed grain, oats, rye sorghum, soybeans, sunflower seed, triticale, and wheat when they are infested with live weevils or other live insects injurious to stored grain.

14. Name of any insect found in the corresponding subplot or carrier. Identify by using the insect’s common name (e.g., Rice Weevil, Red Flour Beetle). **DO NOT USE TERMS THE TERMS “BRAN BUG” OR “OLI.”**
15. Place any remarks, if needed, in this section. The reverse of the form may be used if additional space is needed.
16. Name of inspector completing this form.

***Note Section 17 - 25:** Complete these sections for fumigation of vessels where official personnel are present to witness the application of the fumigant. For containers or railcars that are fumigated when official personnel are not physically present to witness the fumigation, the required fumigation documentation may be attached to the form.*

17. Date that the grain/commodity in the noted subplot/barge/railcar/container was fumigated.
18. Fumigation method used to treat the grain/commodity. **(Leave this space blank)**
19. The stowage space (e.g., hold numbers, container number, rail car number) that was fumigated.
20. Type of chemical used to fumigate the grain/commodity.
21. The concentration level of the fumigant used.
22. Length of time the stowage area (e.g., vessel holds, railcar, container, and barge) needs to be secured for a proper treatment of the grain/commodity.
23. The air temperature at the time of fumigation.
24. Total quantity of grain/commodity fumigated expressed in metric tons, if known. For railcars and containers, use the actual weight or use the appropriate carrier terms (e.g., hopper, carlot, unit train, and container).

25. Name of the inspector who verified the fumigation process. Complete this block only if official personnel were present to observe the fumigation.

**CONTACT INFORMATION:**

Contact the field office responsible for the geographic area in which the service will be provided. Details for these locations can be found at:

<http://www.gipsa.usda.gov/GIPSA/webapp?area=home&subject=fc&topic=fsp>

For further information on the Inspection Report - Insects in Grain:

Robert S. Lijewski  
Policies and Procedures Branch  
Field Management Division  
1400 Independence Avenue, SW, Room 2409 N  
Washington, DC 20250-3630

**Telephone:** (202) 720-0224  
**Fax:** (202) 720-1015  
**Email:** robert.s.lijewski@usda.gov