

STATE REGULATORY AGENCY		DATE OF EVALUATION
FIRM NAME	LICENSE/PERMIT NO.	IMS PLANT NO.
ADDRESS		

EXPLANATION OF CONCERNS NOTED REGARDING REGULATORY AGENCY OBLIGATIONS UNDER THE NCIMS HACCP SYSTEM

(Use additional sheets if necessary.)

A narrative description shall be provided as a part of all NCIMS HACCP Listings and FDA Audits. This report shall include an evaluation of the following requirements:

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| 1. Milk plant, receiving station or transfer station holds a valid permit. |
| 2. Milk plant, receiving station or transfer station audited by the Regulatory Agency at the minimum required frequency. |
| 3. Requirements interpreted in accordance with the <i>Grade "A" PMO</i> as indicated by past audits. |
| 4. Pasteurization equipment tested at required frequency. (Not applicable to receiving and transfer stations.) |
| 5. Individual and cooling water samples tested and reports on file as required. |
| 6. Samples of milk plant's milk and milk products collected at the required frequency and all necessary laboratory examinations made. (Not applicable to receiving and transfer stations.) |
| 7. Sampling procedures approved by PHS/FDA evaluation methods. |
| 8. Permit issuance, suspension, revocation, reinstatement, hearings, and/or court actions taken as required. |
| 9. Records systematically maintained and current. |