DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

# VOLUNTARY INSPECTION REPORT FOR FDA NON-LICENSED MEDICATED FEED ESTABLISHMENTS

OMB No. 0910-XXXX
Expiration Date: XXXXX
See OMB Statement on Page 6

| NAME OF PERSON(S) CONDUCTING THE INSPECTION | DATE OF INSPECTION |
|---|---|
| | |

FIRM NAME

NUMBER AND STREET

| CITY AND STATE | ZIP CODE |
|---|---|
| | |

COUNTY



(Summarize the inspection factually and objectively from observations of the condition and practices of the firm.)

2007D-0027

BKG 1

*If No is checked anywhere in this Inspection Report, explain in comments.*

## SECTION I. INSPECTION *(Follows format of 21 CFR 225, Subparts F, G, H, I)*

### 225.120 BUILDINGS AND GROUNDS

1. ☐ Yes ☐ No — Provide appropriate space for equipment, processing and orderly receipt and storage of medicated feed.

2. ☐ Yes ☐ No — Provide access for routine maintenance and cleaning of equipment.

3. ☐ Yes ☐ No — Constructed and maintained in a manner to minimize vermin and pest infestation.

COMMENTS:

### 225.130 EQUIPMENT

1. ☐ Yes ☐ No — Capable of producing medicated feed of intended potency, safety and purity.

2. ☐ Yes ☐ No — Designed, constructed, installed and maintained to facilitate inspection and use of cleanout procedures.

3. ☐ Yes ☐ No — Maintained in a reasonably clean and orderly manner.

4. ☐ Yes ☐ No — Scales and liquid metering devices are of suitable size, design, construction, precision and accuracy for their intended purpose.

COMMENTS:

### 225.135 WORK AND STORAGE AREAS

1. ☐ Yes ☐ No — Work area and equipment for the production or storage of medicated feeds or components are not used for manufacturing or storing of fertilizers, herbicides, insecticides, fungicides, rodenticides and other pesticides unless such articles are approved for use in the manufacture of animal feeds.

2. ☐ Yes ☐ No — Work area and equipment for the production or storage of medicated feeds or components are physically separated from work areas and equipment used for the manufacture or storage of fertilizers, herbicides, insecticides, fungicides, rodenticides and other pesticides unless such articles are approved for use in the manufacture of animal feeds.

COMMENTS

**225.142 COMPONENTS**

1. ☐ Yes ☐ No Firm uses only drug products not requiring an approved FDA license.

2. ☐ Yes ☐ No Control procedures for receipt, identification, storage and use of drug products exempt from the requirements of an approved license have been established and maintained to assure the identity, strength, and purity of each drug.

3. ☐ Yes ☐ No Drug products are used only in accordance with their labeled mixing directions.

4. ☐ Yes ☐ No Packaged drug products in the storage areas are stored in original closed containers.

5. ☐ Yes ☐ No Bulk drug products are identified and stored in a manner to maintain their identity, strength, quality and purity.

COMMENTS:



**225.158 ASSAYS**

☐ Yes ☐ No Where assays indicate medicated feed is not in accord with permissible limits, an investigation and corrective action was implemented and records of such were maintained on the premises for a period of one year.

COMMENTS:

**225.165 EQUIPMENT CLEANOUT PROCEDURES**

☐ Yes ☐ No Adequate procedures are established and used for all equipment used in the production and distribution of medicated feeds to avoid unsafe contamination of medicated and non-medicated feeds.

COMMENTS:

**225.180 LABELING**

1. ☐ Yes ☐ No — Labels and labeling are received, handled and stored in a manner which prevents label mix-ups and assures that the correct labels and labeling are used for the medicated feed.

2. ☐ Yes ☐ No — All deliveries of medicated feed, whether bagged or bulk, are adequately labeled to assure that the feed can be safely and effectively used.

COMMENTS

**225.202 RECORDS**

1 ☐ Yes ☐ No — Records showing the formulation, date of mixing and distribution of each medicated feed are maintained for one year after the last date of shipment.

2. ☐ Yes ☐ No — Records are adequate to facilitate the recall of specific batches of medicated feed that have been produced and distributed by the firm.

COMMENTS



## SECTION II. DISCUSSIONS WITH UPPER MANAGEMENT / MOST RESPONSIBLE PARTY

- **OBSERVATIONS AND FINDINGS REVIEWED WITH UPPER MANAGEMENT**
- **FIRM'S RESPONSE/COMMENTS BY UPPER MANAGEMENT**

*(Continued)*

| MOST RESPONSIBLE PARTY / UPPER MANAGEMENT | MOST RESPONSIBLE PARTY / UPPER MANAGEMENT |
|---|---|
| NAME *(Please type or print)* | NAME *(Please type or print)* |
| SIGNATURE | SIGNATURE |
| DATE | DATE |

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Division of Animal Feeds (HFV-220)
Center for Veterinary Medicine
Food and Drug Administration
7519 Standish Place, Rockville, MD 20855

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

OMB No. 0910-XXXX
Expiration Date: XXXXX
See OMB Statement below

# VOLUNTARY INSPECTION REPORT FOR FDA LICENSED MEDICATED FEED ESTABLISHMENTS

| NAME OF INSPECTORS | DATE OF INSPECTION |
|---|---|
| | |

FIRM NAME

NUMBER AND STREET

| CITY AND STATE | ZIP CODE |
|---|---|
| | |

COUNTY

(Summarize the inspection factually and objectively from observations of the condition and practices of the firm.)

## HISTORY OF BUSINESS

| 1. PARENT FIRM, if applicable | 2. CORPORATE OFFICERS |
|---|---|
| Name | Name and Title |
| Address | Business Address |

**3. FDA REGISTRATION/LICENSE STATUS**
*(Check appropriate status)*

- ☐ a. Unknown
- ☐ b. Non-registered
- ☐ c. Registered (as a drug establishment)
  *Registration no.:* _____
- ☐ d. Licensed
  *License no.:* _____

**4. TYPE OF FIRM**
*(Check appropriate type)*

- ☐ a. Commercial Feed Mill
- ☐ b. Mixer-Feeder
- ☐ c. Mixer-Feed
- ☐ d. Other *(Please specify)*:
  _____



**5. FEED PREPARED FOR**
*(Check all that apply)*

- ☐ a. Beef cattle
- ☐ b. Dairy cattle
- ☐ c. Swine
- ☐ d. Sheep/Goats
- ☐ e. Poultry
- ☐ f. Fish
- ☐ g. Other *(Exotic/ Species)*:
  _____
  _____

**6. VOLUME OF BUSINESS**

a. Annual tonnage of all MEDICATED feeds manufactured: _____

b. Annual tonnage of all NON-MEDICATED feeds manufactured. _____

**7. INTERSTATE BUSINESS**

a. Interstate business received? ☐ Yes ☐ No

b. Interstate business sold? ☐ Yes ☐ No

If yes, percentage sold: _____ %

## RESPONSIBLE PERSONNEL

| 8. Name and title of most responsible individual at this plant to receive copy of report. *(If more than one person, list.)* | 9. Indicate to whom FDA forms were issued, if more than one person list all |
|---|---|
| | |

NOTES: Items not covered on this form should be marked with N/C

Each of the following questions shall be answered. Each "NO" answer shall be explained in the narrative block. Precede any explanation with appropriate item/question number.

## VETERINARY FEED DIRECTIVE (VFD) DRUGS / FEEDS

| | NARRATIVE |
|---|---|
| ☐ Yes ☐ No 10. Does firm manufacture feeds containing VFD drugs? If the answer is yes, continue with question 11 - 15. If the answer is no, skip to item number 16. | |
| ☐ Yes ☐ No 11. Does the firm distribute VFD feeds to other distributors or manufacturers? | |
| ☐ Yes ☐ No 12. Has the firm supplied to CVM a written letter of intent to distribute VFD feeds? | |
| ☐ Yes ☐ No 13. Are copies of letters of acknowledgement maintained on file at this firm? | |
| 14. State the number of VFD orders reviewed during inspection: _____ | |

**Note:** If the response to is "yes" to any part of item 15, but errors were found in what was observed/provided, please describe and elaborate in the narrative section below. Additionally, report in the narrative if firms are found to be operating outside of the VFD approval; for instance, is there evidence that there are other products being used, promoted or handled as VFD drugs? If more than 3 VFD orders are examined, please record findings using additional narrative page(s) or sheets of paper.

| 15. For the VFD orders reviewed (e.g., up to three in number), did they contain the following information? | VFD order #1 | VFD order #2 | VFD order #3 |
|---|---|---|---|
| a. The name, address and telephone number for the veterinarian and client. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| b. Identification of the animals to be treated, including the identification of the species, number of animals, and the specific location of the animals. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| c. Date of treatment and, if different, date of prescribing the VFD drug. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| d. Name of the animal drug | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| e. Level of animal drug in the feed and the amount of feed. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| f. Feeding instructions with withdrawal time. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| g. Expiration date of the VFD. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| h. Any special instructions necessary for use of the drug in conformance with the approval. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| i. Required cautionary statements. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| j. Number of refills, if permitted by the approval. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| k. Signature of the veterinarian. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| l. The veterinarian's license number and the name of the State issuing the license. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| m. Other information as required by the individual drug approval. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |



## PERSONNEL (21 CFR 225.10)

| | NARRATIVE |
|---|---|
| ☐ Yes ☐ No 16. Do the employees involved in the manufacture of medicated feed understand the manufacturing or control functions they perform, including the proper use and location of the equipment? For either response (i.e., "yes" or "no"), elaborated in the narrative section | |
| ☐ Yes ☐ No 17. Are the employees provided with on-going evaluation and supervision? If yes, include how assessed (in the narrative) | |

## BUILDINGS (21 CFR 225.20)

NARRATIVE

☐ Yes ☐ No 18. Are the grounds of the facility adequately drained and maintained?

19. In regards to the buildings:

☐ Yes ☐ No a. Are they clean, orderly and suitably constructed?

☐ Yes ☐ No b. Are the control practices for rodents, birds, insects, and other pests effective?

☐ Yes ☐ No c. Do they have facilities to promote personal hygiene?

20. Do the buildings provide adequate space for:

☐ Yes ☐ No a. Receipt, inspection, storage, and processing of components?

☐ Yes ☐ No b. Manufacturing, packaging, and labeling of medicated feeds?

☐ Yes ☐ No c. Storage of containers, packaging materials, labeling, and products?

☐ Yes ☐ No d. Routing maintenance of equipment?

## EQUIPMENT (21 CFR 225.30)



21. Describe equipment used for mixing/blending of feeds in the narrative.

22. With regards to assuring the uniformity of medicated feeds:

☐ Yes ☐ No a. When installed, was/were the mixer(s)/blender(s) evaluated for their ability to produce feeds of uniform quality?

☐ Yes ☐ No b. Since installation, has the firm determined that the mixer's ability to produce a uniformly mixed feed has not changed? Explain.

☐ Yes ☐ No 23. Has all production equipment, particularly those that are automated and/or computerized, been properly installed and verified to be able to reliably perform as intended?

☐ Yes ☐ No 24. Whether manually or by automated means, are drugs accurately weighed?

☐ Yes ☐ No 25. Are ALL scales and metering devices tested for accuracy upon installation and at least once per year thereafter?

☐ Yes ☐ No 26. Is equipment constructed to allow inspections and use of clean-out procedures?

☐ Yes ☐ No 27. Is all equipment reasonably clean and properly maintained?

☐ Yes ☐ No 28. Is all equipment constructed to prevent contamination with lubricants, coolants, etc.?

☐ Yes ☐ No 29. Is all equipment of suitable size, design, construction, and precision for the intended purpose?

## USE OF WORK AND STORAGE AREAS FOR OTHER PURPOSE (21 CFR 225.35)

☐ Yes ☐ No 30. Does the firm avoid storage or handling of toxic or unapproved feed additives (i.e., fertilizers, herbicides, insecticides, rodenticides and pesticides not approved for use in feed) in the same equipment or areas as medicated feeds?

## EQUIPMENT CLEANOUT (21 CFR 225.65)

☐ Yes ☐ No 31. Do cleanout procedures exist for all equipment used in the manufacture and distribution of medicated feeds? If procedures exist, specify the methods, for example: physical, flushing, sequencing, etc.

☐ Yes ☐ No 32. Does the cleanout procedure appear adequate to prevent unsafe contamination? If no, explain (in the narrative).

☐ Yes ☐ No 33. Is there documentation that equipment cleanout procedures are actually being performed?

☐ Yes ☐ No 34. Describe disposition of cleanout material (in the narrative).

## CONTROL OPERATIONS

☐ Yes ☐ No 35. Are feeds stored in a manner to prevent mixups with other feeds?

☐ Yes ☐ No 36. Is the method of dust control adequate to minimize potential contamination?

37. Is there adequate disposition of:

☐ Yes ☐ No a. Spillage?

☐ Yes ☐ No b. Leaks?

☐ Yes ☐ No c. Broken bags?

☐ Yes ☐ No d. Floor sweepings?

☐ Yes ☐ No e. Returns?

☐ Yes ☐ No 38. Are drugs used in accordance with their labeled directions, including appropriate species, drug levels, and use?

## DRUG COMPONENTS (21 CFR 225.42)

39. Report "DRUG COMPONENTS ON HAND" in self-titled section of this report (page 12).

☐ Yes ☐ No 40. Are drugs properly identified, handled and controlled to maintain their integrity and identity?

☐ Yes ☐ No 41. Are drugs properly stored? (e.g., Are drugs labeled "Store in a cool, dry place", or "Store between 32° - 81° F", so stored?)

NARRATIVE

## DRUG COMPONENTS (21 CFR 225.42), continued

NARRATIVE

☐ Yes ☐ No 42. Are all drugs within their expiration date?

☐ Yes ☐ No 43. Are there RECEIPT RECORDS for incoming lots of drugs? If yes, answer item 44 a - f below.

44. Do the Receipt Records show for each lot of drugs:

☐ Yes ☐ No a. Identify and quantify?

☐ Yes ☐ No b. Name of supplier?

☐ Yes ☐ No c. Supplier's lot number or number assigned by the manufacturer?

☐ Yes ☐ No d. Date received?

☐ Yes ☐ No e. Condition of drug received?

☐ Yes ☐ No f. Return of damaged goods?

☐ Yes ☐ No 45. Is there a DAILY INVENTORY RECORD for each lot of drug (separate from the production record)?

46. Do the Daily Inventory Records for each drug show:

☐ Yes ☐ No a. Quantity of drug on hand at beginning and end of the work day?

☐ Yes ☐ No b. The amount of each drug used, sold or otherwise disposed of?

☐ Yes ☐ No c. The batches or production runs of medicated feed in which each drug was used?

☐ Yes ☐ No d. Actions taken to reconcile any discrepancies in the daily inventory record?

47. Does the firm's DRUG INVENTORY system:

☐ Yes ☐ No a. Make a daily comparison between actual amount of drug used and theoretical drug usage?

☐ Yes ☐ No b. Have drug inventory records that agree with calculated usage?

☐ Yes ☐ No c. Include a working definition of what it considers as constituting a significant discrepancy in its drug inventory?

☐ Yes ☐ No d. Include procedures for holding feeds on the premises until a significant discrepancy is reconciled?

☐ Yes ☐ No 48. Are there any documented significant discrepancies in the firm's drug inventories? If yes, answer a - b below; if not, skip to item 49.

☐ Yes ☐ No a. Were documented discrepancies investigated?

☐ Yes ☐ No b. Was corrective action taken?

☐ Yes ☐ No 49. Do the firm's current drug inventories agree with the amount of drug currently on hand?

☐ Yes ☐ No 50. Are all required drug records kept on the premises for at least one year after complete use of a specific lot of drug component?

## LABORATORY CONTROLS (21 CFR 225.58)

NARRATIVE

☐ Yes ☐ No 51. Are assays performed on all medicated feeds manufactured according to the schedule specified in CFR 225.58?

☐ Yes ☐ No 52. Are investigations performed and appropriate corrective actions taken in response to "out of limits" assay reports?

☐ Yes ☐ No 53. Are all investigations documented in writing?

☐ Yes ☐ No 54. Are results of assays kept on the premises for not less than one year after distribution of that feed?

☐ Yes ☐ No 55. When Category I drugs are assayed and found to be out of limits, are investigations performed?

☐ Yes ☐ No 56. Are reports made to CVM of confirmed "out of limits" assays of medicated feeds that have been distributed?

57. Provide (in the narrative) the following information on any confirmed "out of limits" results:

a. Name of feed(s) and drug(s).
b. Production date or code.
c. Drug guarantee and assay result.

## LABELING (21 CFR 225.80)



☐ Yes ☐ No 58. Does the accompanying labeling (including invoices if used as labeling) include drug level, directions for use and any required withdrawal or warning statements for safe, effective use of the medicated feed?

☐ Yes ☐ No 59. Upon receipt from either an outside printer or in-house print shop, are labels and labeling (including placards and pre-printed bags) proofread against the MASTER RECORD FILE to verify their suitability and accuracy?

☐ Yes ☐ No 60. Is the proofread label/labeling/pre-printed bag initialed by a responsible individual, dated and kept one year after all labels from that batch have been used?

☐ Yes ☐ No 61. Are labels handled and stored in a manner to prevent mixups and periodically reviewed to discard discontinued labels?

62. Does the firm adequately label the following:

☐ Yes ☐ No a. Bagged feeds?

☐ Yes ☐ No b. Bulk feeds?

☐ Yes ☐ No c. Custom formula feeds?

63. When the firm distributes medicated feed in bag or bulk:

☐ Yes ☐ No a. Does complete labeling accompany the shipment?

***(Note: The labeling may consist of a placard or other labels attached to the invoice or delivery ticket, or manufacturer's invoice that identifies the medicated feed and includes adequate information for the use of the medicated feed.)***

b. Describe the procedures the firm uses for providing the consignee with labeling upon delivery (in the narrative)

## MASTER RECORD FILE (21 CFR 225.102)

NARRATIVE

☐ Yes ☐ No 64. Is there a Master Record File or its equivalent for each medicated feed?

65. Does the Master Record File contain the following for each medicated feed:

☐ Yes ☐ No a. Name of medicated feed?

☐ Yes ☐ No b. An accurate formula, including the appropriate levels of drugs and non-drug ingredients under 21 CFR 573 (Food Additives) and 21 CFR 582 (GRAS)?

☐ Yes ☐ No c. A copy or description of the label or labeling that will accompany the medicated feeds.

☐ Yes ☐ No d. A copy of NADA approved Blue Bird Labeling, or a reference to electronic access to such labeling?

☐ Yes ☐ No e. Manufacturing procedures including mixing steps, mixing times, assay requirements and the appropriate control directions?

☐ Yes ☐ No f. Procedures for estimating quantity produced for bulk feeds?

☐ Yes ☐ No 66. Is each Master Record File prepared, checked and signed or initialed by a qualified person?

67. If all or portions of the Master Record File are computerized and/or electronically transmitted from another location, what steps are in place to protect the integrity of the data and signatures? *(Describe in the narrative.)*

☐ Yes ☐ No 68. Is each MASTER RECORD FILE kept on the premises for one year after production of the last batch or production run to which it pertains?



## PRODUCTION RECORDS (21 CFR 225.102)

☐ Yes ☐ No 69. Is there a production record prepared for each batch or production run of medicated feed produced?

☐ Yes ☐ No a. Are the records generated/maintained electronically?

☐ Yes ☐ No b. Do those records include alarms or error messages that occurred during production and any actions taken to clear the error or override the operation of the computer?

70. Does the production record provide:

☐ Yes ☐ No a. A complete and traceable history of the production of a batch or production run?

☐ Yes ☐ No b. Product identification?

☐ Yes ☐ No c. Date of production?

☐ Yes ☐ No d. Written endorsement by a responsible person?

☐ Yes ☐ No e. Name and quantity of drug components used?

☐ Yes ☐ No f. Theoretical quantity of medicated feed to be produced?

☐ Yes ☐ No g. Actual quantity of medicated feed produced?

☐ Yes ☐ No 71. Do production records identify specific equipment and bins used in that production if the firm has multiple pieces of the same equipment and multiple bins?

## PRODUCTION RECORDS (21 CFR 225.102), continued

NARRATIVE

☐ Yes ☐ No 72. Are steps in place to minimize mixups, such as running feeds into the wrong bins?

☐ Yes ☐ No 73. Does the production formula agree with the formula in the MASTER RECORD FILE?

☐ Yes ☐ No 74. Are production records checked by a responsible individual at the end of the working day to determine tat all required production steps have been performed?

75. Mixing – *Provide in the narrative block the:*

a. Point at which the drug is added.
b. Mixing time.
c. Manner in which mixing is timed.

☐ Yes ☐ No 76. Has the firm defined what constitutes a significant discrepancy in production? (Including such aspects as theoretical vs. actual production yield, actual drug usage, etc.)

☐ Yes ☐ No 77. Are significant discrepancies immediately investigated and do production records show the corrective actions taken?

☐ Yes ☐ No 78. Is an individual batch or production run number, code, date or other suitable identification which permits tracing of the manufacturing history applied to the labeling of the medicated feed?

79. Calculate drug levels in a representative number of feeds, and:

a. State the number checked that were right (in narrative).
b. Report any discrepancies found. Provide evidence of the discrepancy, including formula.



☐ Yes ☐ No 80. Is the original, copy, or electronic version of the production record kept on the premises for not less than one year from the date of production?

## DISTRIBUTION RECORDS (21 CFR 225.110)

☐ Yes ☐ No 81. Does each distribution record provide sufficient information, to relate complaints to specific batches or production runs?

☐ Yes ☐ No 82. Are the distribution records kept on the premises for not less than one year after the date of shipment?

## COMPLAINT FILES (21 CFR 225.115)

☐ Yes ☐ No 83. Does the firm have procedures to use as follow-up in response to product complaints and reports of experiences of product defects?

☐ Yes ☐ No 84. Is a file kept for each oral and written complaint or report of product defects? If yes, does it contain:

☐ Yes ☐ No a. Date of complaint?

☐ Yes ☐ No b. Complainant's name and address?

☐ Yes ☐ No c. Name and lot or number or date of manufacture of the medicated feed involved?

☐ Yes ☐ No d. Specific details of the complaint?

| COMPLAINT FILES (21 CFR 225.115), continued | NARRATIVE |
|---|---|
| ☐ Yes ☐ No e. Correspondence, including memoranda of conversations, from the complainant? | |
| ☐ Yes ☐ No f. Description of all investigations? | |
| ☐ Yes ☐ No g. Method of disposition of the complaint? | |
| ☐ Yes ☐ No 85. Are reports of adverse experiences, drug mixups, and other failures of the drug to meet specifications reported as required to CVM? | |

NARRATIVE

## DRUG COMPONENTS ON HAND

| TRADENAME | DISTRIBUTOR | DRUG | POTENCY |
|---|---|---|---|
| | | | |

## DISCUSSION WITH UPPER MANAGEMENT / MOST RESPONSIBLE PARTY

*Describe in detail all recommendations given to upper management and their response(s).*

| MOST RESPONSIBLE PARTY / UPPER MANAGEMENT | MOST RESPONSIBLE PARTY / UPPER MANAGEMENT |
|---|---|
| NAME *(Please type or print)* | NAME *(Please type or print)* |
| SIGNATURE | SIGNATURE |
| DATE | DATE |