19. DATE

U.S. DEPARTMENT OF AGRICULTURE

		IIMAL AND PLAN	ANT HEALTH INSPECTION SER CS PRODUCTION AND	ERVICE		
NOTE: Submit an original and and testing.	nd one copy for every serial or sub			1. PAGE	2. LICEN	NSE OR PERMIT NO.
3. NAME & MAILING ADDR	PRESS OF LICENSEE OR PERM	AITTEE (Include :	ZIP code)	OF 4. FILL DATE	5. PRODI	DUCT CODE NO.
				6. EXPIRATION DATE	7. SERIA	AL OR SUBSERIAL NO
8. TRUE NAME OF PRODUC						
TOTAL			additional test data use VS Form 2			
TEST REFERENCE		ONCLUDED	RESULTS	INSERT CO S - SATISFA I - INCONCI	FACTORY	U - UNSATISFACTOR NT - NO TEST
(A)	(B)	(C)	(D)			(E)
	1		_			
	+		<u> </u>			
	1		_			
	+		<u> </u>			
	<u> </u>					
	1	-	-			
			<u> </u>			
10. INVENTORY FOR RELEA	EASE (Use a separate line for eac	ch size container)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11. REMA	ARKS	
NO. OF CONTAINERS (A)	CONTAINER SIZE (DOSES, ML OR UNITS) (B)	ML OR	L DOSES, R UNITS (C)			
			7			
		TOTAL				
TOTAL		TOTAL				
12. DISPOSITION BY FIRM OTHER (Explain)	1 ELIGIBLE FOR RELEASE	Destroye	ED TO BE REP	EPROCESSED AND RETESTED		
13. SIGNATURE (Authorized	1 Firm Representative)		14. TITLE			15. DATE
16. DISPOSITION BY APHI	HIS NOT TO BE TESTED	TESTS CC	OMPLETED, SATISFACTORY			
TESTS COMPLETED, UNSATISF		OTHER (Ex				

18. TITLE

17. SIGNATURE (Authorized APHIS Representative)