

**Voluntary National Retail Food Regulatory Program Standards
RELEASE RECORD AND AGREEMENT – PERMISSION TO
PUBLISH IN NATIONAL REGISTRY**

I, the undersigned, am enrolling _____ as participant in the Voluntary National Retail Food Regulatory Program Standards.

I, the undersigned, confirm that a *Self-Assessment* of the _____ Retail Food Program has been completed in accordance with the **U.S. Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards** on _____ (date).

I, the undersigned, confirm that _____ (Name of Jurisdiction) has completed a baseline survey on the occurrence of foodborne illness risk factors.

I, the undersigned, confirm, that I have (please select applicable):

- Requested _____ (Auditor) perform a *Verification Audit* of the above-named Retail Food Program *Self-Assessment*.
- Reviewed and agree with the findings of the *Verification Audit* report dated _____.
- Requested that the *Auditor* forward the *Verification Audit* report, dated _____, to the FDA.

On behalf of the state or local regulatory agency, permission is hereby granted to publish the following in the FDA National Registry of Retail Food Protection Programs via the Internet (please select applicable):

- Enrollment information
- Self-assessment findings
- Baseline survey completion date and trend, if applicable
- Verification audit findings

Signature

Title

Jurisdiction

Date (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average less than 1 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department of Health and Human Services, Food and Drug Administration, Office of Chief Information Officer, 1350 Piccard Drive, Room 400, Rockville, MD 20850.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please do NOT send this form to the address mentioned in the above reporting burden statement.