

Simmons, Liz - FSIS

From: Clarkson, Robert - FSIS
Sent: Tuesday, July 02, 2013 8:26 AM
To: Thompson, Eric - FSIS
Cc: Trout, Bryan - FSIS; Kiecker, Paul - FSIS; Bane, Robert - FSIS; Cornett, Julie - FSIS
Subject: RE: Rains Natural Meats Gallatin MO, administrative file evidence

Hi Mr. Thompson, attached are the documents you requested. Rains pest control program isn't documented. I will be sending all these to Liz Simmons via UPS. The 5200-15 has to be approved anyway. Mr. Rains stated yesterday he still didn't have info from the MO-DNR on his discharge permit. Thank you,



Est 20575 Water
Test Result000...



Est 20575 2003
Grant0001.pdf



Est 20575 5200-15
Hours of Ope...



Est 20575 Drug
Residue Program...



Est 20575 E coli
Testing Basic...



Est 20575 Equine
HACCP Plan-Sl...



Est 20575
Slaughter HACCP...



Est 20575 SSOP
Basic Comp Chec...



Est 20575
SSOP50001.pdf

From: Thompson, Eric - FSIS
Sent: Friday, June 28, 2013 8:26 AM
To: Clarkson, Robert - FSIS
Cc: Trout, Bryan - FSIS; Kiecker, Paul - FSIS; Bane, Robert - FSIS; Cornett, Julie - FSIS
Subject: Rains Natural Meats Gallatin MO, administrative file evidence

Good Morning Dr. Clarkson,

I am attempting to gather information to support the issuance of a grant of inspection to Rains. I need the following items;

A completed basic compliance checklist for SSOP, HACCP, and e.coli testing

Copies of Rains SSOP, HACCP plan, and drug residue plan

Rains pest control program

Water potability certificate

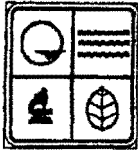
Rains hours of operations (if different from the one filed on 11-18-1998)

M-F, 07:30 to 16:00

Thank You.

Eric Thompson
Deputy District Manager
United States Department of Agriculture
Springdale District Office
4700 South Thompson
Bldg B, Suite 201, Springdale, AR 72764
eric.thompson@fsis.usda.gov
Phone-479-751-8412

OFO - Verifying Food Safety and Animal Welfare Everyday



**Missouri Department Of Natural Resources
Public Drinking Water Branch
P.O. Box 176
Jefferson City, MO 65102
(573)751-5331**



Public Water System Bacteriological Report

PWS Name : DAVIESS CO PWS D 2
Mail to : WALLY SPERRY
502A S MAIN ST
PO BOX 284
GALLATIN, MO 64640

PWS ID : MO1021080
County : DAVIESS

Please notify us of any
name and address changes

Date Collected :	Collector :	Sample Type :
06/04/2013	JV	Special
Lab Sample ID :	Location Name:	Location ID:
21498	SPECIAL	SPECIAL
Coliform absent. Sample considered safe.		

Date Collected :	Collector :	Sample Type :
06/04/2013	WS	Routine
Lab Sample ID :	Location Name:	Location ID:
21178	SNYDER RESIDENCE	N005
Coliform absent. Sample considered safe.		

Date Collected :	Collector :	Sample Type :
06/04/2013	WS	Special
Lab Sample ID :	Location Name:	Location ID:
21179	SPECIAL	SPECIAL
Coliform absent. Sample considered safe.		

Note to Public Water Systems:

Routine samples must be taken from the distribution system. Routine samples collected at the well will be invalidated, possibly resulting in your system receiving a monitoring violation for failure to collect enough valid routine samples.

Monday, June 10, 2013

AR0004719

Coliform bacteria

From Wikipedia, the free encyclopedia

Coliform bacteria are a commonly used bacterial indicator of sanitary quality of foods and water. They are defined as rod-shaped Gram-negative non-spore forming bacteria which can ferment lactose with the production of acid and gas when incubated at 35-37°C.^[1] Coliforms can be found in the aquatic environment, in soil and on vegetation; they are universally present in large numbers in the feces of warm-blooded animals. While coliforms themselves are not normally causes of serious illness, they are easy to culture and their presence is used to indicate that other pathogenic organisms of fecal origin may be present. Such pathogens include bacteria, viruses, or protozoa and many multicellular parasites. Coliform procedures are performed in aerobic or reduced oxygen conditions.



Escherichia coli

Typical genera include:^[2]

- *Citrobacter*,
- *Enterobacter*
- *Hafnia*
- *Klebsiella*
- *Serratia*
- Fecal coliform:
 - *Escherichia*

Escherichia coli (*E. coli*), a rod-shaped member of the coliform group, can be distinguished from most other coliforms by its ability to ferment lactose at 44°C in the fecal coliform test, and by its growth and color reaction on certain types of culture media. When cultured on an EMB (eosin methylene blue) plate, a positive result for *E. coli* is metallic green colonies on a dark purple media. *Escherichia coli* have an incubation period of 12-72 hours with the optimal growth temperature being 30°C - 37°C. Unlike the general coliform group, *E. coli* are almost exclusively of fecal origin and their presence is thus an effective confirmation of fecal contamination. Most strains of *E. coli* are harmless, but some can cause serious illness in humans. Infection symptoms and signs include bloody diarrhea, stomach cramps, vomiting and occasionally, fever. The bacteria can also cause pneumonia, other respiratory illnesses and urinary tract infections.^{[3][4]}

See also

- Bacteriological water analysis
- Coliform index
- Fecal coliform
- Indicator bacteria

References

1. ^ American Public Health Association (APHA), *Standard Methods for the Examination of Water and*

Wastewater (19th ed.), APHA, Washington, DC (1995).

2. ^ *The Microbiology of Drinking Water (2002) – Part 1 –(h2o) Water Quality and Public Health; Department of the Environment*
3. ^ Todar, K. "Pathogenic *E. coli*" (<http://www.textbookofbacteriology.net/e.coli.htm>) *Online Textbook of Bacteriology*. University of

- Wisconsin–Madison Department of Bacteriology. Retrieved 2007-11-30.
4. ^ "*Escherichia coli*" (<http://www.cdc.gov/ecoli/index.html/>). *CDC National Center for Emerging and Zoonotic Infectious Diseases*. Retrieved 2012-10-02.

Retrieved from "http://en.wikipedia.org/w/index.php?title=Coliform_bacteria&oldid=560561258"

Categories: Bacteria | Foodborne illnesses | Water quality indicators | Bacteria stubs

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1. DATE

10/21/2003

2. ESTABLISHMENT NO.

20575, P-20575

GRANT OF INSPECTION

3. DISTRICT CODE

0030 12

4. NAME AND MAILING ADDRESS OF APPLICANT (Use 8 Digit Zip Code if Known)

Rains Natural Meats
Division of Pro Show Enterprises
23795 260th Street
Gallatin, MO 64640

5. LOCATION OF ESTABLISHMENT

23795 260th Street
Gallatin, MO 64640

Telephone: 660-663-3674

6. ADDRESS OF DISTRICT OFFICE

4920 West 15th Street
Lawrence, KS 66049

7. TYPE OF INSPECTION



MEAT



POULTRY



IMPORT

8. DATE OF INAUGURATION OF SERVICE

11/30/1998

9. IS THIS A USDA HEADQUARTERS ESTABLISHMENT?



YES



NO



UNKNOWN

A survey of your establishment at the location shown above (Item 4 or 5) indicates compliance with the applicable requirements of the regulations under the Federal Meat Inspection Act or the Poultry Products Inspection Act, or both. Accordingly, inspection service is granted.

A copy of your Application for Federal Meat, Poultry or Import Inspection, Form FSIS 5200-2, is enclosed. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to meat inspection, poultry inspection, or the importation of meat and poultry products.

Your establishment is under the supervision of the District Office. Call the District Office if you need help in interpreting the provisions of the regulations.

REMARKS:

This grant is valid only for the applicant listed above who is liable for any inspection overtime or holiday costs for the operation of the plant. Should the applicant decide to sell, rent, or lease this location, the applicant will continue to be liable for any charges until the District Manager receives written notification of the change.

This grant of inspection supersedes the conditional grant in effect for this establishment, dated June 9, 2003; it is being issued due to validation of the plant's HACCP plan in accordance with 9 CFR 304.3(b).

Slaughter and processing operations are conducted at this establishment.

Dr. Dean Booth is the circuit supervisor; he may be contacted through the District Office in Lawrence, Kansas.

DISTRICT MANAGER

W. M. Walker

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 20 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.

U. S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

HOURS OF OPERATION REQUEST/APPROVAL

1. NAME OF APPLICANT <i>Rains Natural Meats</i>	2. DATE OF REQUEST <i>7/1/13</i>	3. DISTRICT / IID-HEADQUARTER OFFICE <i>35 - Springdale</i>
4. MAILING ADDRESS OF APPLICANT <i>23795 260th St Gallatin, MD 64640</i>	<i>Est. 20575</i>	<input type="checkbox"/> New (Attach to application form) <input checked="" type="checkbox"/> Update or Revision

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 1

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

HOURS OF OFFICIAL INSPECTION OPERATIONS REQUESTED - SHIFT 2

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

5. SIGNATURE OF APPLICANT <i>David Rains</i>	6. PRINTED NAME <i>David Rains</i>
--------------------------------------------------------	----------------------------------------------

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 1

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

HOURS OF OFFICIAL INSPECTION OPERATIONS GRANTED - SHIFT 2

DAY OF WEEK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start Time							
Lunch Break Start							
Lunch Break End							
End Time							

7. PRINT NAME OF DISTRICT/ IID - HEADQUARTER MANAGER	8. SIGNATURE OF DISTRICT/ IID-HEADQUARTER MANAGER	9. DATE
-------------------------------------------------------------	----------------------------------------------------------	----------------

Rains Natural Meats "Drug Residual Program"

All animals (equine) processed at Rains Natural Meats Est. 20575 will have received no antibiotics 45 days prior to delivery for slaughter. All animals will be tested by drawing blood samples and found free of both Ivermectin and Phenylbutazone. Testing will be done by an accredited laboratory. No animal will be processed beyond carcass without certified documents of negative residual tests for Ivermectin and Phenylbutazone. Carcasses testing positive will be returned to the seller for rendering.

Only certified buyers will deliver livestock (equine) for slaughter and processing under inspection at Est. 20575. Upon arrival Buyers will provide from their own records or from animal owners a signed statement affirming they are free of antibiotic residues.

Should an animal provided by a buyer with traceable records of identification to an outside owner ever test positive for specific residues the owner and certified buyer will be notified in writing of the violation and will have 24 hours to retrieve the carcass. A second violation will result in the termination of owner as a supplier to Rains Natural Meats.

Est" 20575; RAINS NATURAL MEATS RESIDUE FORM FOR OWNERS/BUYERS OF ANIMALS DELIVERED FOR INSPECTED SLAUGHTER AND PROCESSING

By my signature below I affirm that the animal(s) delivered (number ___) by me or my representatives for inspected slaughter and processing are free of restricted residue(s).

Owner/buyer Signature _____ Date: _____, 20__

Furthermore: Should any animal test positive for any above specified residue, I accept full responsibility for removal, or cost of removal of the carcass from Rains Natural Meats Facilities within 24 hours of certified notification. I also understand that I will receive NO COMPENSATION for a carcass testing positive for restricted residues.

Owner/buyer Signature _____ Date: _____, 20__

Proprietary Information – For Internal use only at Rains Natural Meats, Est. 20575/P-20575.

7/1/13

E. COLI TESTING -- BASIC COMPLIANCE CHECKLIST

ESTABLISHMENT NAME

Rains Natural Meats

ESTABLISHMENT NO.

20575

Use this checklist to document findings of noncompliance with the requirements set out in FSIS Directive 5000.1, Part Four, Paragraph II.B.

	REQUIREMENT	YES (✓)
<p>1. SAMPLING PROCEDURES</p>	<p>The establishment does not have written procedures for collecting samples for <u>E. coli</u> testing.</p>	
	<p>The establishment's procedures do not identify the establishment employee (s) designated to collect samples for <u>E. coli</u> testing.</p>	
	<p>The establishment's procedures do not address</p> <p>(1) the location (s) of sampling,</p>	
	<p>(2) how sampling randomness is achieved, or</p> <p>(3) handling of samples to ensure sample integrity.</p> <p>(Paragraph (a) (2) (i) of § 310.25 or § 381.94).</p>	
<p>2. SAMPLE COLLECTION</p>	<p>The establishment is not collecting samples for <u>E. coli</u> testing</p> <p>(Paragraph (a) (1) of § 310.25 or § 381.94).</p>	
<p>3. RECORDKEEPING</p>	<p>The establishment is not recording the analytical results of <u>E. coli</u> tests on a process control chart or table</p> <p>(Paragraphs (a) (1) (iii) and (a) (4) of § 310.25 or § 381.94).</p>	

RAINS NATURAL MEATS COMMITMENT TO FOOD SAFETY

Rains Natural Meats is a group of committed people dedicated to producing products in a clean and safe environment. All records from our HACCP plans have in the past and our HACCP for the present proposed operation will be maintained on file in a file cabinet in the first floor hallway of our business, located at 23795 260th Street, Daviess County, State of Missouri for a period of at least two (2) years. Our HACCP plan will be evaluated before any new significant process, product or packaging change occurs. Once a year, at a minimum, our HACCP plan will be reassessed to determine that our program is functioning according to all regulatory scientific requirements. This reassessment will occur more often should a change occur in our operations.

David Rains

7-1-13

Proprietary information – For internal use only at Rains Natural Meats, Est. 20575/P-20575.

PRODUCT DESCRIPTION

Common Name: Horse,....carcasses and variety meats (livers, hear, tail, cheek meat,).

Type of Package: None, all product processed under other plans at this plant.

Shelf Life: Up to 21 days at temperatures of 41 degrees F., or less.

Where Sold: Hotels, restaurants, institutions and general public, zoos and pet food manufacturers. As a general rule following processing.

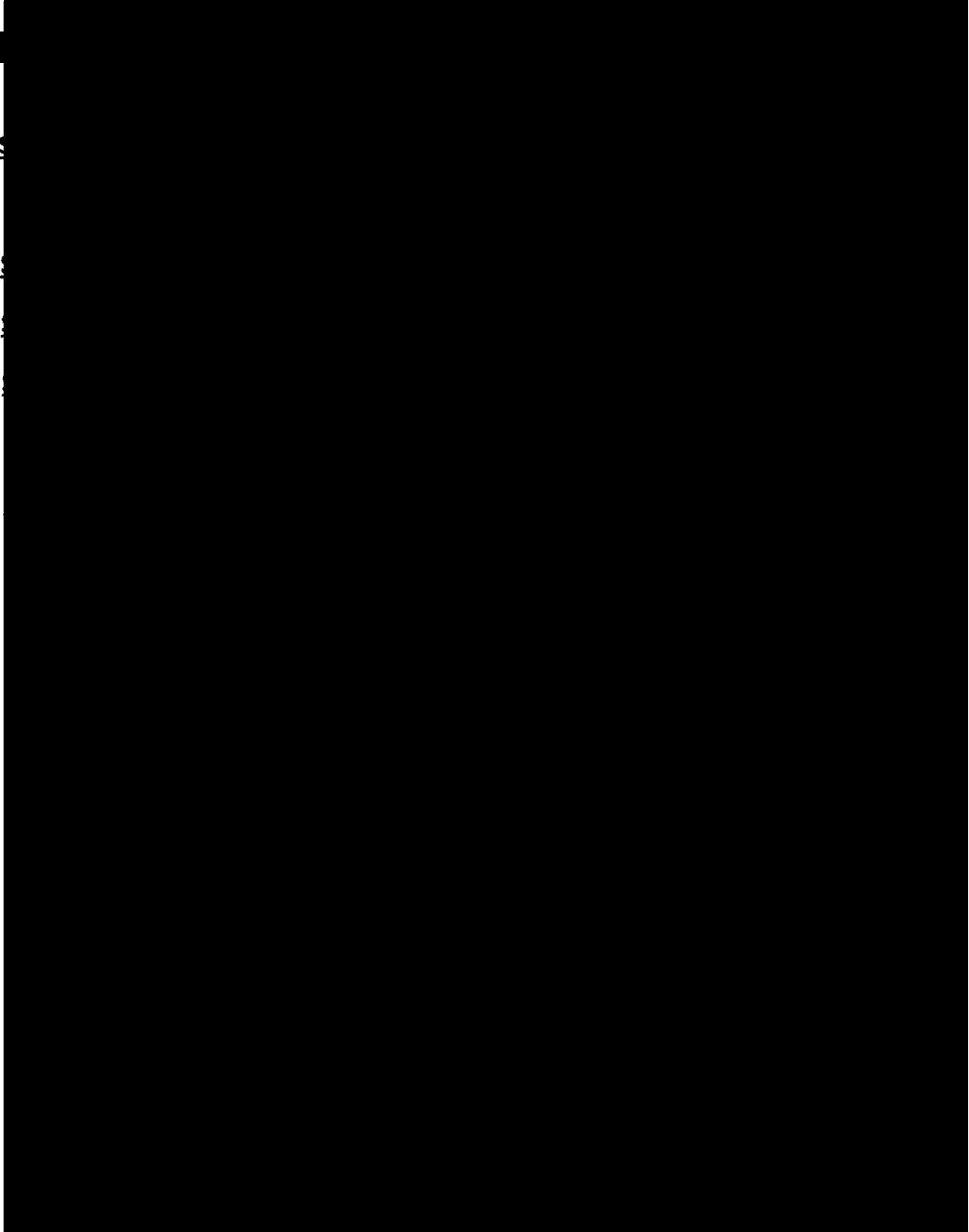
Labeling Instructions: None.

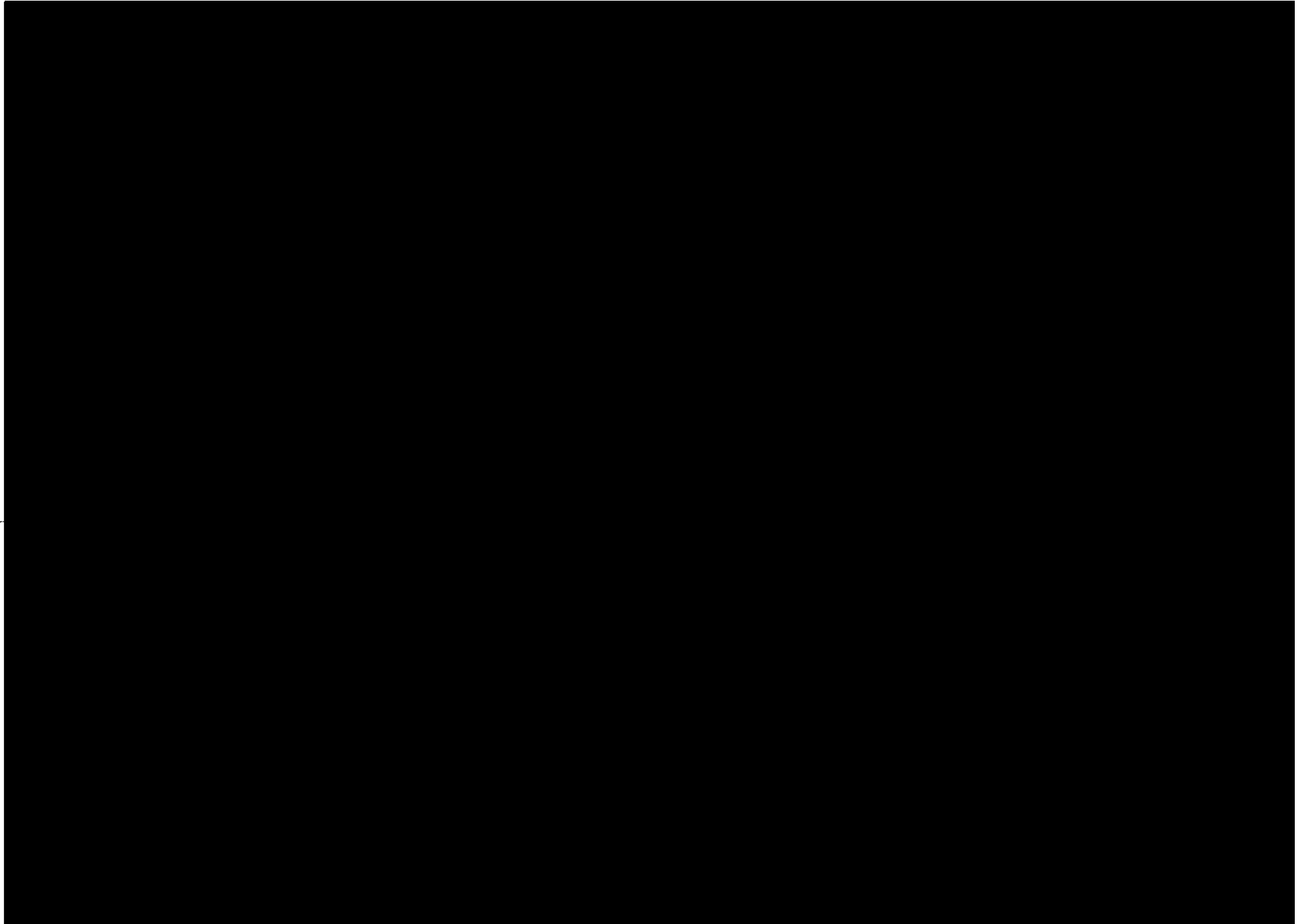
Lot Size: One day's slaughter.

Est. 20575 SLAUGHTER :

(For Internal Use at Rains Natural Meats, Est. 20575)

FLOW CHART





Rains Natural Meats, Est.# 20575

HACCP Slaughter Plan CCP's/CL, Monitoring, Record Keeping, Verification, Corrective Actions, etc.

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Rains Natural Meats, Est. # 20575

HACCP Slaughter Plan CCP's/CL, Monitoring, Record Keeping, Verification, Corrective Actions, etc.

(Step 8 - B)

[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

nsed with
degree

Types of Verification:

Ransom, Belk

Rains Natural Meats, Est. # 20575

HACCP Slaughter Plan CCP's/CL, Monitoring, Record Keeping, Verification, Corrective Actions, etc.

(Step 9 - B)

Types of Verification:

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

HACCP SYSTEMS BASIC COMPLIANCE CHECKLIST

ESTABLISHMENT NAME <i>Rains Natural Meats</i>	ESTABLISHMENT NO. <i>20575</i>	PROCESS <i>Slaughter</i>
PRODUCTS COVERED BY PROCESS <i>Equine Carcasses</i>		
IMPLEMENTATION DATE <i>N/A - Pre-grant</i>	NEW PRODUCT <i>N/A</i>	REASSESSMENT DATE (Yearly; Check for dated signature only) <i>7/1/13</i>

Use this checklist to document findings of noncompliance with the requirements set out in FSIS Directive 5000.1, Part Two, Paragraph II.B.

1. HAZARD ANALYSIS AND HACCP PLAN DEVELOPMENT

REQUIREMENT	YES (✓)
INITIAL HAZARD ANALYSIS (§ 417.2 (a))	
The establishment has not conducted a hazard analysis or had a hazard analysis conducted for it.	
The hazard analysis does not include food safety hazards that are reasonably likely to occur in the production process, or does not identify the preventive measures the establishment can apply to those food safety hazard (s)	
The hazard analysis does not include a flow chart that describes (diagrams) the steps of each process and product flow in the establishment.	
The hazard analysis does not identify the intended use or consumers of finished product (s).	
INITIAL PLAN DEVELOPMENT (§ 417.2 (c) (4), § 417.3 (a) (2), and § 417.4 (a) (1))	
The establishment's hazard analysis revealed one or more food safety hazards that are reasonably likely to occur, and the establishment does not have a written HACCP plan for each of its products (§ 417.2 (b) (1); § 304.3 (c) or § 381.22 (c)).	
The establishment has not conducted validation activities to determine that a HACCP plan is functioning as intended.	
The establishment's records do not include multiple results that verify the monitoring of CCP's and conformance with critical limits, or after a deviation from a critical limit (if any), subsequent results that support the adequacy of corrective action (s) in achieving control at the CCP.	
SUBSEQUENT ANALYSIS AND PLAN DEVELOPMENT	
HAZARD ANALYSIS REASSESSMENT	
After an establishment's hazard analysis revealed no food safety hazards that are reasonably likely to occur, there was a change that could reasonably effect whether a food safety hazard exists, the establishment did not reassess the adequacy of the hazard analysis (§ 417.4 (b)).	
NEW PRODUCT (§ 304.3 (c) or § 381.22 (c))	
(1) Before producing new product for distribution, the establishment did not conduct a hazard analysis (or have a hazard analysis conducted for it), or did not have an applicable HACCP plan for the product.	
(2) The establishment began distributing a new product more than 90 days ago, and it has not validated the HACCP plan that covers the new product.	

	REQUIREMENT	YES (✓)
2. CONTENTS OF HACCP PLAN (S)	MULTIPLE PRODUCTS A HACCP plan covers more than one product and the products are not all within one of the nine processing categories specified in § 417.2 (b) (1), § 417.2 (b) (2).	
	FOOD SAFETY HAZARD (S) The HACCP plan does not list the food safety hazard (s) identified in the hazard analysis (§ 417.2 (c) (1)). (Exception: A HACCP plan for thermally processed/commercially sterile products produced in accordance with part 318, subpart G, or part 381, subpart X, need not address food safety hazards associated with microbiological contamination (§ 417.2 (b) (3)).)	
	HAZARD CONTROL The HACCP plan does not list CCP's for each food safety hazard (§ 417.2 (c) (2)). The HACCP plan does not list critical limits to be met at each CCP (§ 417.2 (c) (3)).	
	MONITORING The HACCP plan does not list the procedures to be used to monitor each CCP <u>and</u> the frequency with which these procedures will be performed (§ 417.2 (c) (4)).	
	CORRECTIVE ACTIONS The HACCP plan does not identify the corrective action to be followed in response to a deviation from a critical limit at a CCP (§ 417.2 (c) (5)).	
	VERIFICATION PROCEDURES The HACCP plan does not list the procedures that the establishment will use to verify that the plan is being effectively implemented <u>and</u> the frequency with which these procedures will be performed (§ 417.2 (c) (7)).	
	3. RECORDKEEPING The HACCP plan's recordkeeping system does not document the monitoring of CCP's and/or does not include records with the actual values and observations (§ 417.2 (c) (6)).	
4. DATED SIGNATURE	ACCEPTANCE AND REASSESSMENT (§ 417.2 (d)) The responsible establishment official did not sign and date the HACCP plan (1) upon initial acceptance, or _____ (2) at least annually thereafter upon required plan reassessment.	
	MODIFICATION The HACCP plan was modified, and the responsible establishment official did not sign and date the plan (§ 417.2 (d) (2) (ii)).	

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

SANITATION SOP'S -- BASIC COMPLIANCE CHECKLIST

ESTABLISHMENT NAME <i>Rains Natural Meats</i>	ESTABLISHMENT NO. <i>20575</i>	IMPLEMENTATION DATE <i>N/A - Pre - grant</i>
--------------------------------------------------	-----------------------------------	-------------------------------------------------

Use this checklist to document findings of noncompliance with the requirements set out in FSIS Directive 5000.1, Part Three, Paragraph II.B.

	REQUIREMENT	YES (✓)
1. SANITATION SOP'S	The establishment does not have written Sanitation SOP's that describe the procedures the establishment conducts daily to prevent direct contamination or adulteration of product (s) (§ 416.12 (a)).	
	The Sanitation SOP's do not identify which of the procedures are pre-operational procedures (§ 416.12 (c)).	
	The pre-operational procedures do not address (at a minimum) the cleaning of food contact surfaces of facilities, equipment, and utensils (§ 416.12 (c)).	
	The Sanitation SOP's do not specify the frequency with which the establishment will conduct each procedure (§ 416.12 (d)).	
	The Sanitation SOP's do not identify the establishment employee or employees responsible for implementing and maintaining specified procedures (§ 416.12 (d)).	
2. RECORDKEEPING	The establishment does not have identified records that, on a daily basis, document implementation and monitoring of the Sanitation SOP's and any corrective actions taken (§ 416.16 (a)).	
3. DATED SIGNATURE	The individual with overall authority on-site or a higher level official of the establishment did not sign and date the Sanitation SOP's (1) upon initial implementation, or	
	(2) upon a modification (§ 416.12 (d)).	

Rains Natural Meats

23795 260th Street

Gallatin, MO. 64640

(660) 663-3674

Sanitation Standard Operating Procedures

Pro Show Enterprises, Inc. d/b/a Rains Natural Meats is a meat processing establishment. The primary function of this plant is the slaughtering of ~~beef, pork, lamb, goat and elk~~. Then further processing and packaging of the animal product for retail, wholesale and custom slaughtering/processing.

*Equine
D.R.*

Management Structure

Steve Rains, Plant Manager and Sanitation Manager

Quality Control Managers – Will be assigned by Mr. Steve Rains

The Quality Control Manager or designated employee(s) are responsible for implementing and daily monitoring of Sanitation SOP and recording the findings and any corrective actions. The Sanitation Manager is responsible for training and assigning specific duties to other employees and monitoring their performance within the Sanitation SOP.

Sanitation Manager has overall authority and responsibility for implementing and maintaining sanitation operating procedures.

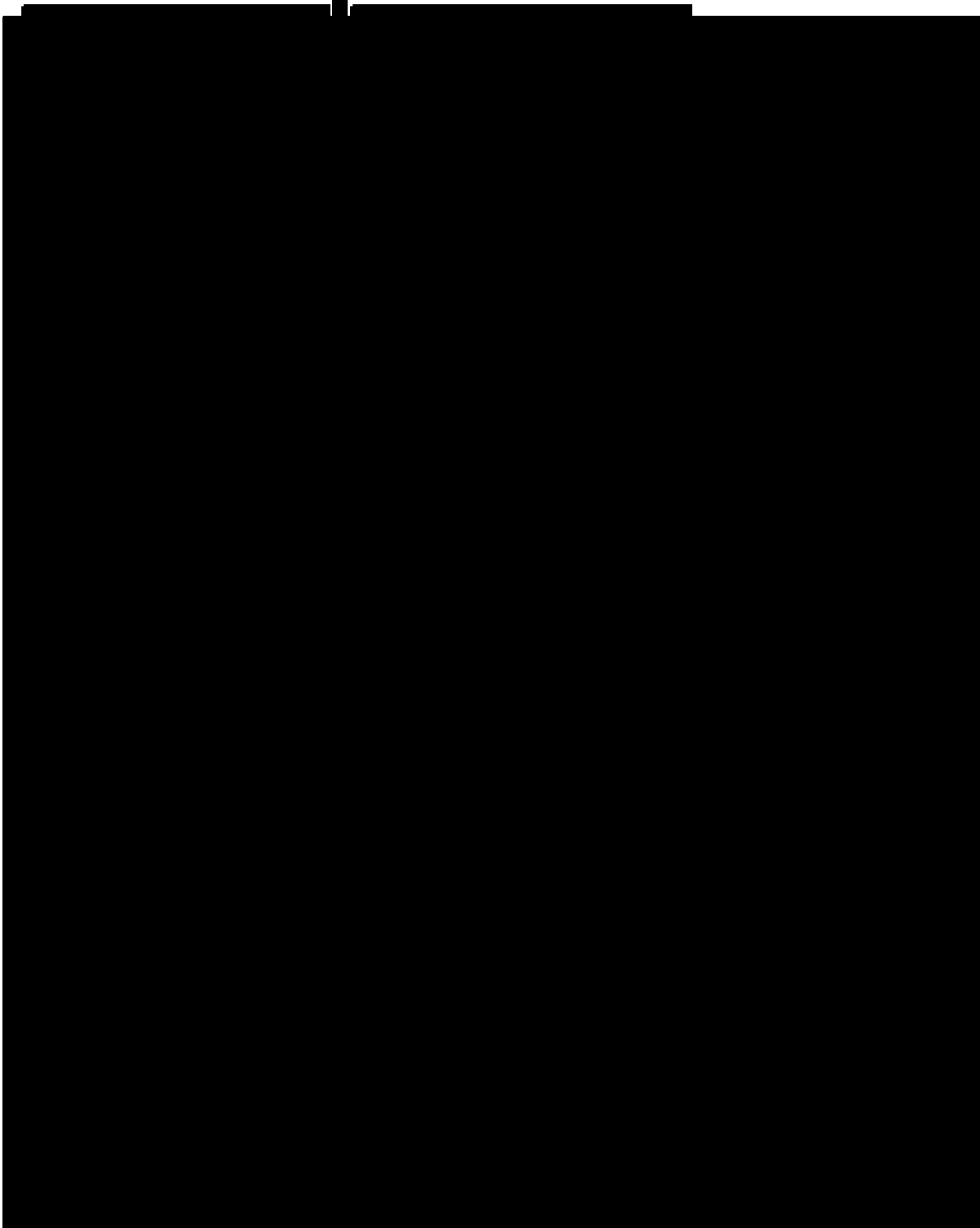
David Rains
Steve J. Rains

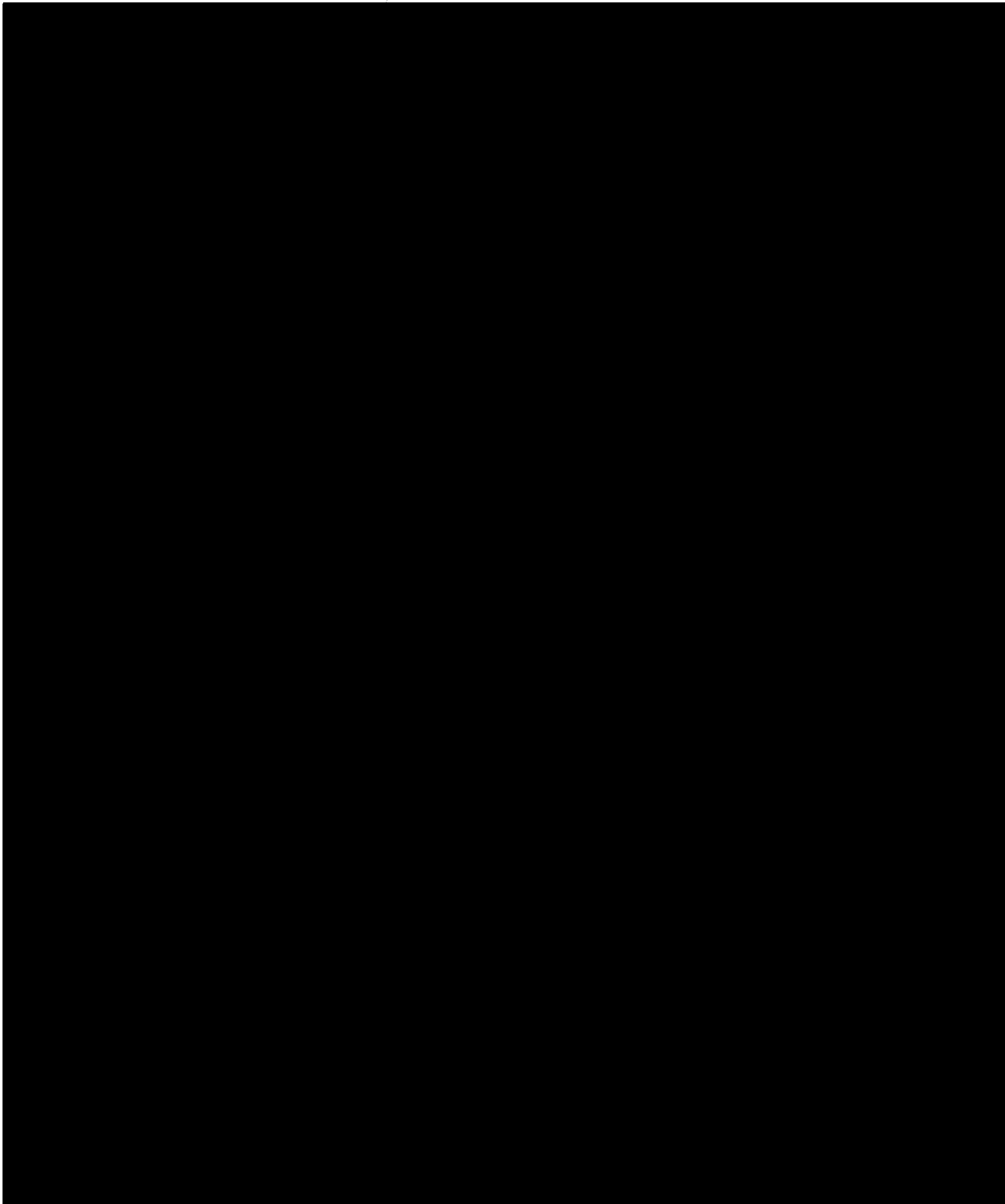
Plant/Sanitation Manager

7-1-13
5-2-08

Date

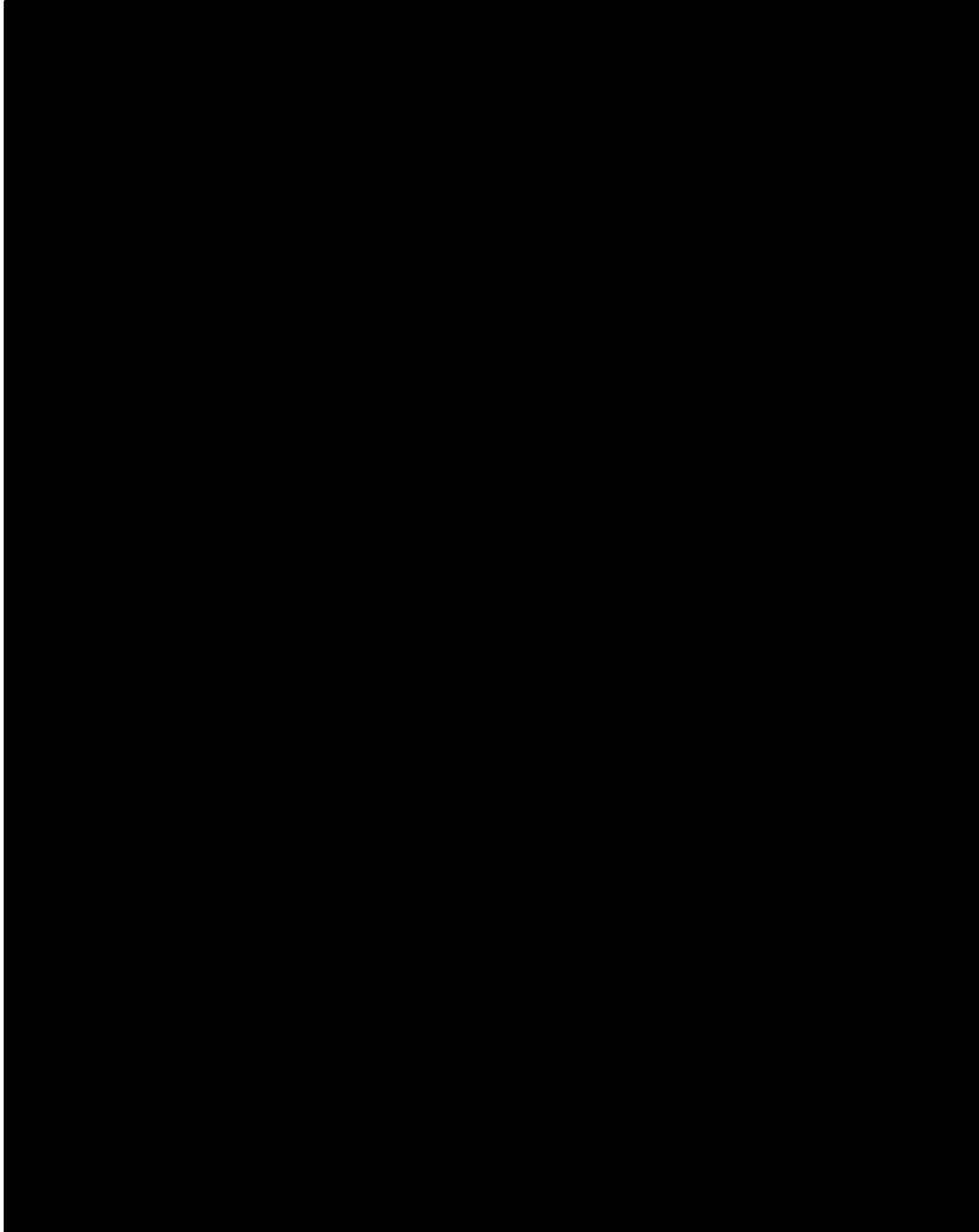
Sanitation SOP Est. 20575, P-20575





Rains Natural Meats

DAILY PRE-OPERATIONAL SANITATION INSPECTION FORM E-1



Sanitizing Solution Mixing Directions for [REDACTED] Final
Concentration

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED]

[REDACTED] 2 [REDACTED] [REDACTED] [REDACTED]