



PLANT SURVEY FOR POULTRY GRADING

INSTRUCTIONS: Mark an "X" in appropriate blocks (If "No", explain in the "Remarks" section on reverse).

NAME AND ADDRESS OF PLANT (City, State and Zip)	DATE SURVEYED (Month, Day, Year)	PLANT NUMBER
	<input type="checkbox"/> INITIAL SURVEY <input type="checkbox"/> RE-SURVEY	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY

I. TYPE OF GRADING OR CERTIFICATION FUNCTIONS PERFORMED

- Whole Carcass Parts Test Weighing Producer Gradings
 Freezing Further Processing Other (specify) _____

II. KINDS OF POULTRY TO BE GRADED

- Chickens Turkeys Fowl Ducks Geese Other (specify) _____

III. FACILITIES AND EQUIPMENT PROVIDED TO GRADER

	YES	NO	N/A
A. Office			
1. Provides adequate space, heating, cooling, lighting, and ventilation.			
2. Located in close proximity to processing areas.			
3. Internet connectivity, telephone, office desk, and chair.			
4. Four drawer file cabinet with proper locking device.			
B. Equipment			
1. Metal stem thermometer: (point sensitive for chilled, cooked or frozen product).			
2. Portion scale, when applicable, graduated in tenths of a pound or less, and test weights.			
3. Bulk scales, when applicable, graduated in tenths of a pound or less for containers weighing up to 100 pounds and test weights. Scales for heavier units, above 100 pounds, graduated in 1-pound or less increments and test weights.			
4. Drill and bit for temperature and condition examinations.			
5. Light meter.			
6. Other equipment necessary to provide certifications as required, such as a cart to transport samples. (If "Yes," explain in the "Remarks" section on page 2).			
C. Grading Stations			
1. Grading Stations required for:			
<input type="checkbox"/> AQL Checks <input type="checkbox"/> Grade Yield <input type="checkbox"/> Parts Count <input type="checkbox"/> Batter/Breeding pickup <input type="checkbox"/> Ice Glaze determination <input type="checkbox"/> Test Weighing <input type="checkbox"/> Cooked-Finished <input type="checkbox"/> Producer Gradings <input type="checkbox"/> Cooler Samples <input type="checkbox"/> Other (specify): _____			
2. Lighting (minimum 100 foot candles) at actual grading level. Show foot candles for each station in the remarks section on page 2.			
3. Sufficient size to hold maximum amount of product to be sampled.			
4. Located in areas that provide for unbiased sampling.			
5. Product presented at proper height for accurate and efficient grading.			



IV. FACILITIES FOR AUTHORIZED GRADERS		YES	NO	N/A
Grading Stations				
1. Grading performed on:				
<input type="checkbox"/> Shackles <input type="checkbox"/> Table <input type="checkbox"/> Belt <input type="checkbox"/> Other (specify)_____				
2. Lighting (minimum 100 foot candles) at actual grading level. Show foot candles for each station in the "Remarks" section below.				
3. Product presented at proper height for accurate and efficient grading.				
4. Facilities allow each carcass, part, or further processed item to be examined.				
5. Adequate space for maximum number of authorized graders per station (minimum 36 inches of linear space per authorized grader).				
6. Product graded after chilling (if "No," explain provisions for product in "Remarks" section, below).				
V. FREEZERS				
Freezing requirement will be accomplished by:				
<input type="checkbox"/> Air Blast <input type="checkbox"/> Liquid <input type="checkbox"/> Other (specify)_____				
VI. LABELING AND PRODUCT CONTROL				
A. Approved Labeling				
1. Facility files of approved labeling material available to the grader.				
2. Joint responsibilities for approving new labeling bearing official grademark discussed with inspector-in-charge.				
3. Labeling discussed with management.				
B. Product Control				
1. System in place to identify product between official sampling periods.				
2. Controls established in the event of product retention.				
3. Provisions established for reworking retained product.				
VII. SAFETY AND HEALTH				
A. Safety Review and Sound Check performed.				
B. All safety and health hazards observed have been reported to plant management and corrected.				

REMARKS:

SURVEY MADE BY (Signature):	APPROVED (Regional Director or Designee):	DATE:
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