

DATE ASSIGNED:	CS#:	PRIORITY:	DATE INSPECTED:	GRP:
CENTRAL FILE NO.:	JD/TA:	COUNTY:	PHONE:	
NAME:	STREET:			
CITY:	STATE:	ZIP:	DISTRICT:	

ENDORSEMENT

COMPLIANCE ACHIEVEMENT DATA						
PAC Code	Problem Type	Corrective Action	Date Action Verified (MM/DD/YY)	Correcting Unit ¹	Reporting District ²	Reason for Correction
				/	/	
				/	/	
				/	/	
SIGNATURE						DATE

FORM FDA 481(E)-CG

DISTRIBUTION:

DATE ASSIGNED:		CS#:		PRIORITY:		DATE INSPD:		GRP:			
CENTRAL FILE NO.:			JD/TA:			COUNTY:			PHONE:		
NAME:						STREET:					
CITY:			STATE:			ZIP:			DISTRICT:		
RELATED FIRMS:				STATE ASSIGNED:				ITS:			
REGISTRATION:											
REG TYP	MM/YY	MM/YY	MM/YY	REG TYPE	MM/YY	MM/YY	MM/YY	REG TYPE	MM/YY	MMYY	MM/YY
F				D				V			
M				R				B			
ESTABLISHMENT TYPES/ INDUSTRY CODES ON OEI:			1.			2.			3.		
TOTAL ESTAB SIZE	INTERSTATE BUSINESS RECEIVED		SOLD		DISTRICT USE #1 #2 #3			RECALL NUMBER	REFUSAL CODE	PROFILE	PASS/FAIL
ESTABLISHMENT CHANGES: <input type="checkbox"/> New Firm <input type="checkbox"/> None <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Ownership <input type="checkbox"/> Size <input type="checkbox"/> Prod Code <input type="checkbox"/> Other <input type="checkbox"/> Est Type <input type="checkbox"/> O/B <input type="checkbox"/> Inactive <input type="checkbox"/> Not OEI <input type="checkbox"/> Aux Firm <input type="checkbox"/> Registration											
PAC	Process (Product) Code	Est Typ	Insp Basis	Empl1 PC: No: HD:	Empl2 PC: No: HD:	Empl3 PC: No: HD:	Product	Priority	Resched Date	Insp Conc	Dist DSCN
SAMPLES COLLECTED:											
SAMPLE #:						PRODUCT:					
HEADQUARTERS UNTI REFERRED:						FDA 483 ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO					
REASON REFERRED:						OTHER FED GOVT INSP OR GRADING:					
INSPECTOR'S NAME AND SIGNATURE:						SUPERVISOR'S NAME AND SIGNATURE:					

