United States Department of Agriculture
Food Safety and Inspection Service

Foreign Establishment Audit Checklist

1. ESTABLISHMENT NAME AND LOCATION	2. AUDIT DATE	3. ESTABLISHMENT NO.	4. NAME OF COUNTRY
Nolan Meats Pty. Ltd P. O. Box 389 Gympie QLD, Australia 4570	3/21/2011	Est. 80	Australia
	5. NAME OF AUDITOR(S) Dr. (b) (6)		6. TYPE OF AUDIT [X] ON-SITE AUDIT [ ] DOCUMENT AUDIT

Place an X in the Audit Results block to indicate noncompliance with requirements. Use O if not applicable.

Part A - Sanitation Standard Operating Procedures (SSOP) Basic Requirements	Audit Results
7. Written SSOP	
8. Records documenting implementation.	
9. Signed and dated SSOP, by on-site or overall authority.	
Sanitation Standard Operating Procedures (SSOP) Ongoing Requirements	
10. Implementation of SSOP's, including monitoring of implementation.	
11. Maintenance and evaluation of the effectiveness of SSOP's.	
12. Corrective action when the SSOP's have failed to prevent direct product contamination or adulteration.	
13. Daily records document item 10, 11 and 12 above.	
Part B - Hazard Analysis and Critical Control Point (HACCP) Systems - Basic Requirements	
14. Developed and implemented a written HACCP plan .	
15. Contents of the HACCP list the food safety hazards, critical control points, critical limits, procedures, corrective actions.	
16. Records documenting implementation and monitoring of the HACCP plan.	
17. The HACCP plan is signed and dated by the responsible establishment individual.	
Hazard Analysis and Critical Control Point (HACCP) Systems - Ongoing Requirements	
18. Monitoring of HACCP plan.	
19. Verification and validation of HACCP plan.	
20. Corrective action written in HACCP plan.	
21. Reassessed adequacy of the HACCP plan.	
22. Records documenting: the written HACCP plan, monitoring of the critical control points, dates and times of specific event occurrences.	
Part C - Economic / Wholesomeness	
23. Labeling - Product Standards	
24. Labeling - Net Weights	
25. General Labeling	
26. Fin. Prod. Standards/Boneless (Defects/AQL/Pork Skins/Moisture)	
Part D - Sampling Generic *E. coli* Testing	
27. Written Procedures	
28. Sample Collection/Analysis	
29. Records	
Salmonella Performance Standards - Basic Requirements	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

Part D - Continued Economic Sampling	Audit Results
33. Scheduled Sample	
34. Species Testing	
35. Residue	
Part E - Other Requirements	
36. Export	
37. Import	
38. Establishment Grounds and Pest Control	
39. Establishment Construction/Maintenance	
40. Light	
41. Ventilation	
42. Plumbing and Sewage	
43. Water Supply	
44. Dressing Rooms/Lavatories	
45. Equipment and Utensils	
46. Sanitary Operations	
47. Employee Hygiene	
48. Condemned Product Control	
Part F - Inspection Requirements	
49. Government Staffing	
50. Daily Inspection Coverage	
51. Enforcement	
52. Humane Handling	
53. Animal Identification	
54. Ante Mortem Inspection	
55. Post Mortem Inspection	X
Part G - Other Regulatory Oversight Requirements	
56. European Community Directives	
57. Monthly Review	
58.	
59.	

[redacted]

60. Observation of the Establishment

Establishment 80, Nolan Meats. Slaughter

55. Employees of the establishment that work as AQIS Approved Officers (AAO)conducting official post mortem inspection, receive financial benefits that are tied to profits generated by the operator of the establishment whose products they inspect. These AAOs receive salaries and profit sharing directly from the establishment. Government officials verify the adequacy of AAO inspection routines and ensure that they meet the expectations of the CCA. However, the fact that AAOs financial benefits are linked to profits generated by their employer appears to be a conflict of interests that needs the attention of the CCA.

61. NAME OF AUDITOR	62. AUDITOR SIGNATURE AND DATE
(b) (6) DVM	

United States Department of Agriculture
Food Safety and Inspection Service

Foreign Establishment Audit Checklist

1. ESTABLISHMENT NAME AND LOCATION	2. AUDIT DATE	3. ESTABLISHMENT NO.	4. NAME OF COUNTRY
Lakeside Packers, A Division of XL Foods Inc. Highway 1 West Brooks, AB	09/10-11/2009	038	Canada
	5. NAME OF AUDITOR(S)		6. TYPE OF AUDIT
	(b) (6), DVM		[X] ON-SITE AUDIT [ ] DOCUMENT AUDIT

Place an X in the Audit Results block to indicate noncompliance with requirements. Use O if not applicable.

Part A - Sanitation Standard Operating Procedures (SSOP) Basic Requirements	Audit Results
7. Written SSOP	
8. Records documenting implementation.	
9. Signed and dated SSOP, by on-site or overall authority.	
Sanitation Standard Operating Procedures (SSOP) Ongoing Requirements	
10. Implementation of SSOP's, including monitoring of implementation.	X
11. Maintenance and evaluation of the effectiveness of SSOP's.	
12. Corrective action when the SSOP's have failed to prevent direct product contamination or adulteration.	
13. Daily records document item 10, 11 and 12 above.	X
Part B - Hazard Analysis and Critical Control Point (HACCP) Systems - Basic Requirements	
14. Developed and implemented a written HACCP plan .	
15. Contents of the HACCP list the food safety hazards, critical control points, critical limits, procedures, corrective actions.	
16. Records documenting implementation and monitoring of the HACCP plan.	
17. The HACCP plan is signed and dated by the responsible establishment individual.	
Hazard Analysis and Critical Control Point (HACCP) Systems - Ongoing Requirements	
18. Monitoring of HACCP plan.	
19. Verification and validation of HACCP plan.	
20. Corrective action written in HACCP plan.	
21. Reassessed adequacy of the HACCP plan.	
22. Records documenting: the written HACCP plan, monitoring of the critical control points, dates and times of specific event occurrences.	X
Part C - Economic / Wholesomeness	
23. Labeling - Product Standards	
24. Labeling - Net Weights	
25. General Labeling	
26. Fin. Prod. Standards/Boneless (Defects/AQL/Pork Skins/Moisture)	
Part D - Sampling Generic *E. coli* Testing	
27. Written Procedures	
28. Sample Collection/Analysis	
29. Records	
Salmonella Performance Standards - Basic Requirements	
[redacted]	
[redacted]	
[redacted]	

Part D - Continued Economic Sampling	Audit Results
33. Scheduled Sample	
34. Species Testing	
35. Residue	
Part E - Other Requirements	
36. Export	
37. Import	
38. Establishment Grounds and Pest Control	
39. Establishment Construction/Maintenance	
40. Light	
41. Ventilation	
42. Plumbing and Sewage	
43. Water Supply	X
44. Dressing Rooms/Lavatories	
45. Equipment and Utensils	X
46. Sanitary Operations	
47. Employee Hygiene	
48. Condemned Product Control	
Part F - Inspection Requirements	
49. Government Staffing	
50. Daily Inspection Coverage	
51. Enforcement	X
52. Humane Handling	
53. Animal Identification	
54. Ante Mortem Inspection	
55. Post Mortem Inspection	X
Part G - Other Regulatory Oversight Requirements	
56. European Community Directives	O
57. Monthly Review	X
58.	
59.	

[redacted] (04/04/2002) [redacted]

60. Observation of the Establishment

Establishment 038, Lakeside Packers, Brooks, AB, Canada; September 10-11, 2009. Slaughter/Processing

10/51. Sanitizing solution left over from washing/sanitizing from previous day's operation was observed on the vacuum pack leaked return table, ready for use in the packaging room and fat residues and sanitizing solution left over from washing/sanitizing operation was observed inside of carcass steam washing cabinet in the slaughter room,. Neither the establishment's nor local inspection's pre-operational records identified this deficiency. The review of the establishment pre-operational sanitation records for the last two week did not reveal similar incidents. Local inspection pre-op sanitation records for the last 8 months did not reveal similar incidents. Local inspection verifies pre-op sanitation monthly. Establishment officials took corrective action immediately. At the end of audit CFIA officials issued Corrective Action Report (CAR) for noncompliances. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 20.1 (a) (iii)]

10/51. Fat residues from previous day's operation were observed under the protective plastic guards on the brisket saw sanitizer in the slaughter room. There was no record to verify that establishment dismantles the guard for cleaning. Neither in-plant nor CFIA inspection records identified this deficiency. Establishment took corrective actions before the start of operation. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 20.1 (a) (iii)]

10/51. Establishment officials were monitoring employee's scabbards and mesh gloves for cleanliness prior to entrance to boning room and slaughter room. Numerous scabbards and mesh gloves were found with fat residues and black discoloration after establishment monitoring. Neither in-plant nor CFIA inspection records identified this deficiency. Establishment took corrective actions immediately. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 20.1 (a) (iii)]

10/51. Water was falling onto fore-shanks of carcasses from employee's working platform prior to evisceration station in the slaughter room. Neither in-plant nor CFIA inspection records identified this deficiency. Establishment took corrective actions tem before the start of operation. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.14 and 416.17 and MIR-Section 20.1 (a) (iii)]

13/51. The establishment did not describe the deficiencies identified on the daily pre-operational sanitation SSOP records. Neither in-plant nor CFIA inspection records identified this deficiency. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 20.1 (a) (iii)]

22/51. The monitoring documentation contained one "0" representing absence of feces/ingesta on the 6 beef carcasses in each monitoring sample. Establishment official took corrective actions immediately and modified CCP monitoring form and it was verified at the end of audit. [Regulatory reference(s): 9 CFR 417.5 and 417.8 and CFIA: MIR Section 30.1. (1) (a)]

43/51/56. The potable-water storage tank was not sealed properly to prevent the entrance of dust, insects, other vermin, and rain water. Rust, cobwebs, and accumulations of dirt were observed inside the water tank lid. Neither in-plant nor CFIA inspection officials identified this deficiency. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [9 CFR 416.2 and 416.17 and MIR-Section 30.1(1) (a) and E1.1.3]

45/51. White plastic container for edible product was being cross utilized for inedible product in the boning room. Establishment officials corrected it immediately. Neither in-plant nor CFIA inspection officials identified this deficiency. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 34.1(1) (a)]

45.51. Boxes ready to be used for packaging product, rested directly on employee's foot mate. Establishment discarded all affected boxes. . Neither in-plant nor CFIA inspection officials identified this deficiency. CFIA officials issued Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.3 and 416.17 and MIR-Section 30.1(1) (a)]

51. In establishment, CFIA inspection officials did not describe the deficiencies identified and could provide no documentation to verify the appropriate disposition of the product involved (if any) and/or to verify the effectiveness of measures taken to prevent recurrence of direct product contamination or adulteration in the pre-operational and operational sanitation verification records since January 2009. This does not meet CFIA regulatory requirements. [Regulatory reference(s): 9 CFR 416.13 (a) and 416.17 and MIR-Section 34.1(1) (a)]

51. In establishment, CFIA inspection officials did not review and determine the adequacy of corrective actions taken when deviations from critical limit at the critical control point occurred and direct measurement at a CCP was not verified since January 2009. Agency verification noncompliance does not meet regulatory requirements. [Regulatory reference(s): 9 CFR 417.3 and 417.8 and MIR-Section 20.1 (a) (iii)]

55/51. Post-mortem viscera inspectors were not routinely incising and inspecting the left and right bronchial lymph nodes and anterior, middle and posterior mediastinal lymph nodes of lungs. Local inspection officials corrected post-mortem inspection procedures at the time of on-site audit. FSIS and CFIA regulatory requirements were not met. [Regulatory reference(s): 9 CFR 310.1 and MIR 9.1(2) (b)]

57/51. Periodic supervisory reviews (quarterly) were not routinely conducted by the Regional Veterinary Officer. One supervisory review was conducted on June 9, since January 2009, and did not identify any noncompliance for HACCP, SSOP, and SPS. [9 CFR 416.17 and 417.8 and MIR Section 30.1 (1) (a) and MIR Section 20.1 and 30.1 (1) (a)]

61. NA	62. AUDITOR SIGNATURE AND DATE
Dr. (b) (6) , DVM	

United States Department of Agriculture
Food Safety and Inspection Service

Foreign Establishment Audit Checklist

1. ESTABLISHMENT NAME AND LOCATION	2. AUDIT DATE	3. ESTABLISHMENT NO.	4. NAME OF COUNTRY
Maple Leaf Consumer Foods Inc. Winnipeg, MB Checklist #2	09/24/2009	001	Canada
	5. NAME OF AUDITOR(S) (b) (6), DVM		6. TYPE OF AUDIT [X] ON-SITE AUDIT [ ] DOCUMENT AUDIT

Place an X in the Audit Results block to indicate noncompliance with requirements. Use O if not applicable.

Part A - Sanitation Standard Operating Procedures (SSOP) Basic Requirements	Audit Results
7. Written SSOP	
8. Records documenting implementation.	
9. Signed and dated SSOP, by on-site or overall authority.	
Sanitation Standard Operating Procedures (SSOP) Ongoing Requirements	
10. Implementation of SSOP's, including monitoring of implementation.	X
11. Maintenance and evaluation of the effectiveness of SSOP's.	
12. Corrective action when the SSOP's have failed to prevent direct product contamination or adulteration.	
13. Daily records document item 10, 11 and 12 above.	
Part B - Hazard Analysis and Critical Control Point (HACCP) Systems - Basic Requirements	
14. Developed and implemented a written HACCP plan.	X
15. Contents of the HACCP list the food safety hazards, critical control points, critical limits, procedures, corrective actions.	
16. Records documenting implementation and monitoring of the HACCP plan.	
17. The HACCP plan is signed and dated by the responsible establishment individual.	
Hazard Analysis and Critical Control Point (HACCP) Systems - Ongoing Requirements	
18. Monitoring of HACCP plan.	
19. Verification and validation of HACCP plan.	
20. Corrective action written in HACCP plan.	X
21. Reassessed adequacy of the HACCP plan.	
22. Records documenting: the written HACCP plan, monitoring of the critical control points, dates and times of specific event occurrences.	X
Part C - Economic / Wholesomeness	
23. Labeling - Product Standards	
24. Labeling - Net Weights	
25. General Labeling	
26. Fin. Prod. Standards/Boneless (Defects/AQL/Pork Skins/Moisture)	
Part D - Sampling Generic *E. coli* Testing	
27. Written Procedures	O
28. Sample Collection/Analysis	O
29. Records	O
Salmonella Performance Standards - Basic Requirements	
[redacted]	O
[redacted]	O
[redacted]	O

Part D - Continued Economic Sampling	Audit Results
33. Scheduled Sample	
34. Species Testing	
35. Residue	
Part E - Other Requirements	
36. Export	
37. Import	
38. Establishment Grounds and Pest Control	
39. Establishment Construction/Maintenance	X
40. Light	
41. Ventilation	
42. Plumbing and Sewage	
43. Water Supply	
44. Dressing Rooms/Lavatories	
45. Equipment and Utensils	
46. Sanitary Operations	X
47. Employee Hygiene	X
48. Condemned Product Control	
Part F - Inspection Requirements	
49. Government Staffing	
50. Daily Inspection Coverage	
51. Enforcement	X
52. Humane Handling	O
53. Animal Identification	O
54. Ante Mortem Inspection	O
55. Post Mortem Inspection	O
Part G - Other Regulatory Oversight Requirements	
56. European Community Directives	O
57. Monthly Review	X
58.	
59.	

[redacted] (04/04/2002) [redacted]

60. Observation of the Establishment

Establishment 001, Maple Leaf Consumer Foods Inc. Winnipeg, MB ,Canada; September 24, 2009. Processing

51. The review of CFIA inspection records from April 1, to September 23, 2009, indicated that inspection officials did not find any deficiencies during pre-operational sanitation SSOP verification and one non-food-contact surfaces (SPS) deficiency identified. In the same period CFIA inspector did not find any deficiency during operational sanitation verification and six non-food contact surfaces (SPS) deficiencies were identified. CFIA inspector was verifying establishment's pre-operational monitoring program with a frequency of one on-site and two records review per month. There are no specific procedures prescribed or instructions from CFIA how to decide which room and equipment to pick for pre-op sanitation. This is at the discretion of Inspector-in-Charge (IIC) to decide. CFIA inspector identified six HACCP non-compliances from April 1 to September 23, 2009. During the establishment's review the auditor identified four direct product contamination or adulteration non-compliances, four non-food contact surfaces deficiencies and five HACCP non-compliances. Inspection officials verified establishment's corrective actions taken in response to Listeria spp. positive sample. The auditor discussed with CFIA inspection officials that how they are reviewing and determining the adequacy of corrective actions taken when a deviation occurs and also direct measurement at a CCP. The inspection officials responded that to verify the adequacy of corrective actions taken when a deviation occurs and direct measurement at a CCP is not required by CFIA and they are not performing this task. These non-compliances do not meet HACCP regulatory requirements. [Regulatory reference(s): 9 CFR 417.3 and 417.8 and MIR-Section 20.1 (a) (iii)]

51. Establishment 001 has thee shifts operations: 1st shift Sunday to Thursday: 10: pm - 6:00am; 2nd shift: Monday to Friday: 6:00am – 2:45pm; 3rd shift: Monday to Friday: 2:45pm – 11:15pm. Second shift operation is covered by CFIA inspector daily. First and second shift operations were not covered by CFIA inspectors daily. The review of inspection's assignment records in the month of September, 2009, indicated when there was no CFIA inspection coverage for 1st and 3rd shifts operations in September 2, 3, 4, 9, 10, 11, 16, 17, 18, and 23, 2009. Product produced on all shifts is eligible for export to the U.S, and all food safety measures are conducted on each shift (SSOP/HACCP) by the establishment. Noncompliance does not meet regulatory requirements. [Regulatory reference(s): 9 CFR 327.2(ii) (D)]

On July 27, 2009, as required by the CFIA Listeria policy the establishment conducted food-contact-surfaces swabbing for the testing of Listeria during 1st shift operation at 11:00pm when there was no inspection coverage. On July 29, establishment received notification from the laboratory that two samples were positive for Listeria spp. Establishment had taken three consecutive follow-up samples from food-contact-surfaces at the same location on August 6, 8, and 9, 2009. A total of 18 samples were analyzed and all sample results were negative. The establishment initiated corrective actions with respect to sanitation (intensive cleaning) after the initial positive test for Listeria spp.and presented their sanitation program to CFIA. This establishment has chosen Alternative 3. CFIA inspector did not use its discretion to increase pre-operational sanitation frequency (Monthly) to evaluate and assess the effectiveness of establishment's intensive cleaning program. [Regulatory reference(s): 9 CFR 416.17 and 417.8 and MIR-Section 20.1 and 30.1]

57/51. Two periodic supervisory reviews (quarterly) were conducted by the Processing Supervisor and there were no HACCP, SSOP, and SPS findings. The processing supervisor had conducted a few non scheduled visits and identified the following deficiencies: one SSOP deficiency and training for employee collecting the samples. He also verified establishment's sampling program for Listeria. [Regulatory reference(s): 9 CFR 416.17 and 417.8 and MIR-Section 20.1 and 30.1]

Checklist #3

61. NA Dr. (b) (6) , DVM	62. AUDITOR SIGNATURE AND DATE

60. Observation of the Establishment

Establishment 001, Maple Leaf Consumer Foods Inc. Winnipeg, MB ,Canada; September 24, 2009. Processing

22/51. The establishment failed to document on plant verification records the actual time, sign or initial each time by the plant verification employee. The review of the establishment HACCP records from August 1, to September 23, 2009, did not identify any deficiency. CFIA inspection HACCP verification records from April 1 to September 23, 2009, identified similar deficiencies. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s) : 9 CFR 417.5 and 417.8 and MIR Section 30.1. (1) (a)]

22/51. The establishment failed to document on monitoring records the actual time for each occurrence the person monitoring the CCP 1C as described in the written HACCP plan. The review of the establishment HACCP records from August 1, to September 23, 2009, did not identify any deficiency. CFIA inspection HACCP verification records from April 1 to September 23, 2009, identified similar deficiencies. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s) : 9 CFR 417.5 (b) and 417.8 and CFIA: MIR Section 30.1. (1) (a)]

39/51. Faking paint on ceilings over a pickle mixing tank was observed in the brine and pickle preparation and storage room. No evidence of falling flaking paint in the pickle mixing tank was observed. In the prerequisite program the frequency for cleaning overhead structures including ceilings was scheduled quarterly. Establishment official could not provide complete cleaning records to verify the cleaning frequency as scheduled in the prerequisite program. Establishment officials stated that the ceilings were painted after cleaning in August, 2009, and that paint start flaking. Establishment officials stated they will evaluate the effectiveness of cleaning procedures and frequency and asked the employee responsible for the area to scrap the loose paint immediately. The review of the establishment pre-operational records from August 1, to September 23, 2009, did reveal 34 similar deficiencies. CFIA inspection pre-operational sanitation records from April 1 to September 23, 2009, identified one Sanitation Performance Standards (SPS) deficiency. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.2 and 416.17 and MIR-Section 20.1(1) (a)]

46/51.Unidentified materials and rust were observed at the bottom of two brine chill tanks during the on-site operational audit. Establishment conducted pre-operational sanitation of both brine chill tanks and did not identify this deficiency. CFIA inspector was not scheduled to perform pre-operational task on September 24, 2009. During on-site review the lead auditor CFIA inspector did not identify this deficiency and the FSIS auditor pointed out unidentified materials and rust at the bottom of brine chill tanks. Brine chill tanks were not in use at the time of on-site audit. Establishment officials stated that product(s) are in plastic bags and do not contact non-food contact surfaces (brine). The review of the establishment pre-operational records from August 1, to September 23, 2009, did reveal 34 similar deficiencies. In the prerequisite the frequency for cleaning brine chill tank was scheduled quarterly. Establishment officials stated they will evaluate the effectiveness of cleaning procedures and frequency. CFIA inspection pre-operational sanitation records from April 1 to September 23, 2009, identified one non-food-contact surface (SPS) deficiency. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.4(d) and 416.17 and MIR-Section 20.1(1) (a)]

46/51. Accumulation of dirt and debris under and around the three steam cookers were observed in the ham smoking room. Steam cookers were not kept in a sanitary manner to prevent the creation of unsanitary conditions and the adulteration of product. Establishment officials stated that these steam cookers were extra and just stored here and they will evaluate the cleaning procedures and frequency or these cookers will be moved out from ham smoking room. The review of the establishment's pre-operational sanitation records from August 1 to September 23, 2009, did reveal 34 similar deficiencies. CFIA inspection pre-operational sanitation records from April 1 to September 23, 2009, identified one non-food-contact surfaces (SPS) deficiency. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.4 and 416.17 and MIR-Section 20.1(1) (a)]

47/51. One employee was observed picking up piece of plastic that contacted the floor and, without washing her hands, handling edible product in the ham boning room. Establishment officials took corrective actions immediately after identifying the deficiency. Neither establishment nor CFIA lead inspector identified this deficiency during on-site operational audit. The review of the establishment's operational sanitation records from August 1, to September 23, 2009, identified two non-food-contact surfaces deficiencies. CFIA inspection's operational sanitation records from April 1, to September 23, 2009, identified one non-food-contact surfaces deficiency. At the end of the audit CFIA inspection officials were in process to issue Corrective Action Report (CAR) for non-complying regulatory requirements. [Regulatory reference(s): 9 CFR 416.5 and 416.17 and MIR-Section 20.1(1) (a)]

Checklist #2 and Continue

61. NA	62. AUDITOR SIGNATURE AND DATE
Dr. (b) (6) [redacted], DVM	