

Voluntary National Retail Food Regulatory Program Standards - Appendix I

December 2007

Appendix I - FDA National Registry Report

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION FDA National Registry Report			FORM APPROVED: OMB Number: Expiration Date:	
Jurisdiction Reporting	Address	City	State	Zip
To: John Powell FDA Regional Retail Food Specialist			Date: 	
Enrollment Only: <input checked="" type="checkbox"/>	Self Assessment: <input checked="" type="checkbox"/>	Verification Audit: <input type="checkbox"/>	Baseline Survey: <input type="checkbox"/>	
Standard #	Standard Met (√ all that apply & add the date met)	Verification Audit Confirmed	Original: <input type="checkbox"/> Update: <input type="checkbox"/>	
	Date: (required)	Date: (required)	Date:	
1.	<input checked="" type="checkbox"/> 		Date:	
2.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	Survey Audit Confirmed: <input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	Date:	
8.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Reduction Confirmed			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Self Assessment Completed by:				
Name (printed)	Signature	Title	Agency	
Verification Audit Completed by:				
Name (printed)	Signature	Title	Agency	
Baseline Survey Completed by:				

Name (printed)	Signature	Title	Agency
Baseline Survey-Update Completed by:			
Name (printed)	Signature	Title	Agency
Action Plan Completed by:			
Name (printed)	Signature	Title	Agency
<p>Public reporting burden for this collection of information is estimated to average 92 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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: Food and Drug Administration, Office of Food Safety, Retail Food and Cooperative Programs Coordination Staff (HFS – 320), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. 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.</p>			
<p>Signed Affidavit of Permission to Publish in National Registry transmitted with this report? Yes: X No: <input type="checkbox"/></p>			
Program Manager Name: (print)	Signature of Program Manager:	Date	

FDA FORM 3519

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

**FORM APPROVED:
OMB Number:
Expiration Date:**

RELEASE RECORD AND AGREEMENT - PERMISSION TO PUBLISH IN NATIONAL REGISTRY

I, the undersigned, am enrolling [HD name] as participant in the Draft Voluntary National Retail Food Regulatory Program Standards.

I, the undersigned, confirm, that a *Self-Assessment* of the [HD name] Retail Food Program has been completed in accordance with the U.S. Food and Drug Administration (FDA) Draft Voluntary National Retail Food Regulatory Program Standards on [same as on front].

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:

- X Requested Michigan Department of Agriculture (*Auditor*) to perform a *Verification Audit* of the above-named Retail Food Program *Self-assessment*.
- X Reviewed and agree with the findings of the *Verification Audit* report dated __.
- X 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:

- X Enrollment information
- X Self-Assessment findings
- Baseline survey completion date and trend, if applicable
- X Verification Audit findings

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 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: Food and Drug Administration, Food and Drug Administration, Office of Food Safety, Retail Food and Cooperative Programs Coordination Staff (HFS – 320), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. 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.

Signed:

[Redacted Signature]

Title:

[Redacted Title]

Jurisdiction:

[Redacted Jurisdiction]

Date:

[Redacted Date]

FDA FORM 3520