

## FPAR Worksheet

GENERAL		
Evaluator:		Date:
Installation:		Facility Name:
Facility POC:		Phone #:
Number of Inspectors Performing the Visit:		Nonconformance Found?: <input type="checkbox"/> Yes ( See Attached 817) <input type="checkbox"/> No
Distance Traveled:	Total Inspection Time:	Mode of Transportation:
REPORT DATA		
<b>1. References Used: Tri-Service Food Code (TB MED 530)</b>		
<b>2. Approved Source Verification:</b> <i>(concentrate on PHFs and include 8 to 12 digits in the UPC number)</i>		
UPC: _____ Item Name: _____ Brand Name: _____ Manufacturer Name: _____ Manufacturer Address: _____ Product Code: _____ Establishment #: _____ Reference Used: _____ Status: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Exempt Comments: _____		
UPC: _____ Item Name: _____ Brand Name: _____ Manufacturer Name: _____ Manufacturer Address: _____ Product Code: _____ Establishment #: _____ Reference Used: _____ Status: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Exempt Comments: _____		
UPC: _____ Item Name: _____ Brand Name: _____ Manufacturer Name: _____ Manufacturer Address: _____ Product Code: _____ Establishment #: _____ Reference Used: _____ Status: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Exempt Comments: _____		
UPC: _____ Item Name: _____ Brand Name: _____ Manufacturer Name: _____ Manufacturer Address: _____ Product Code: _____ Establishment #: _____ Reference Used: _____ Status: <input type="checkbox"/> Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Exempt Comments: _____		
<b>3. Receipt Inspection Details:</b> <i>(include "all" 12 or 8 digits in the UPC number)</i>		
Vendor Name: _____ Delivery Date: _____		
Conveyance Air Temperature: _____ Conveyance Sanitation: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
UPC: _____ Item Name: _____ Sample Size: _____ Number of Defects: _____ Lot Size: _____ Percent Defective: _____		
UPC: _____ Item Name: _____ Sample Size: _____ Number of Defects: _____ Lot Size: _____ Percent Defective: _____		
UPC: _____ Item Name: _____ Sample Size: _____ Number of Defects: _____ Lot Size: _____ Percent Defective: _____		
Vendor Name: _____ Delivery Date: _____		
Conveyance Air Temperature: _____ Conveyance Sanitation: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
UPC: _____ Item Name: _____ Sample Size: _____ Number of Defects: _____ Lot Size: _____ Percent Defective: _____		
UPC: _____ Item Name: _____ Sample Size: _____ Number of Defects: _____ Lot Size: _____ Percent Defective: _____		
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