



APPLICATION FOR COOPERATIVE INTERSTATE SHIPMENT PROGRAM

State Form MI-5740.2CISapp
VT AGENCY OF AGRICULTURE, FOOD & MARKETS
FOOD SAFETY & CONSUMER PROTECTION DIVISION
MEAT INSPECTION SECTION

ESTABLISHMENT INFORMATION

Name of establishment _____ Date of application _____

Address of establishment (number and street, city, & zip code) _____

Selected establishment number _____ telephone number of establishment () _____ E-mail address _____

Name of contact _____ Telephone number of contact () _____

EMPLOYEES

Average number of employees < twenty-five (25) over twelve (12) month period _____ Average number of employees per pay period over past(12) twelve months _____ Maximum number of employees per pay period over past (12) twelve months _____
Maximum number of employees < thirty-five (35) for any given period _____

REGULATORY COMPLIANCE

Completed Food Safety Assessment (FSA) _____ Date completed _____ FSA conducted by: _____

Labels for Cooperative Interstate Shipment (CIS) _____

- 9 CFR 416
 - o SPS
 - o SSOP
- 9 CFR 417
 - o HACCP
- Written plan to address time and space separation (9 CFR 332.13)
- 9 CFR 418
- Submitted all labeling materials per:
 - o 9 CFR 316
 - o 9 CFR 317
 - o 9 CFR 381
- Water and sewerage approval

ADMINISTRATIVE PROCEDURES

Products for Cooperative Interstate Shipment (CIS) (See Page 2) _____ Date establishment requested to participate in Cooperative Interstate Shipment Program _____

Has this establishment been under USDA inspection at any time as of June 18, 2008? YES NO

Did this establishment have more than thirty-five (35) employees as of June 18, 2008? YES NO

HACCP PLAN CATEGORIES FOR COOPERATIVE INTERSTATE SHIPMENT PROGRAM

- Slaughter (Species): _____
- Raw intact product
- Raw non-intact product
- Thermally processed
- Not heat treated - shelf-stable
- Heat treated - shelf stable
- Fully cooked - not shelf stable
- Heat treated but not fully cooked - not shelf stable
- Product with secondary inhibitors - not shelf stable

AUTHORIZATION - OFFICAL USE ONLY

Signature of meat inspection service inspector _____ Date signed: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PARTICIPTION

Part of State Form MI-5740.2CISapp

Establishment Information:

Please enter the name of the establishment as it appears on your registration with the Vermont Secretary of State. Please include your establishment number. The selected establishment number will be your current plant number followed by the letters "(SEVT)". The contact name will be the person that will be working with inspection personnel during the selection process.

Employees:

Prepare a list of employees whose duties involve the handling of the meat or poultry products each pay period over the past twelve (12) months. Volunteers are considered to be employees for the purposes of the Cooperative Interstate Shipment program.

Regulatory Compliance:

This portion of the application will be reviewed and determined by the Meat Inspection Section office. This process does not need to be completed before the application is submitted; it will be scheduled and conducted once the application has been received and reviewed by the Meat Inspection Section representative.

Administrative Procedures:

The second page of this application asks for the products that the establishment intends to produce for interstate commerce. When completing this section, please include the product name. If the product intended for interstate commerce is a newly formulated product, formula approval must be obtained before this application can be submitted.

HACCP Plan Categories for Cooperative Interstate Shipment Program:

Indicate which HACCP plan category or categories the products intended for interstate commerce are produced under.

Once completed, this application can be submitted one (1) of two (2) ways, through the mail to:

VT Agency of Agriculture, Food & Market
Food Safety & Consumer Protection Division
Meat Inspection Service
116 State St.
Montpelier, VT 05620-2901

Or the application may be submitted electronically to: Julie.boisvert@vermont.gov or agr.meatinspection@vermont.gov

Upon receipt of this application, the Meat Inspection Section representative will review. If there are any further questions, the representative will contact the responsible establishment person. Once this application is accepted, the Meat Inspection Section will schedule a Food Safety Assessment (FSA) with plant management to continue this application process.