The request for this information is voluntary. It is needed to monitor defects found in this inspection system. It is used by FSIS to determine whether establishments are in compliance. 9CFR 301 and 9CFR 381, FORM APPROVED OMB No. 0583-0089. OMB DISCLOSURE STATEMENT: Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and 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 Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington DC 20250: and to the Office of Information and Regulatory Affairs, Office of Management and Budget.

FOOD SAFETY AND INSPECTION SERVICE NONCOMPLIANCE RECORD		Food Safety	X Other Consumer Protection
1. DATE	2. RECORD NO.	3. ESTABLISHMENT NO	D.
2/19/2024	VUE3000024719N / 1	P00000+M00000	
4. TO (Name and Title)		5. PERSONNEL NOTIFIED	
First Last PI	ant Manager	Not Named	
6. RELEVANT REGULATIONS		6a. ASSOCIATED NR(s)	
313.2 Handling of livestock			
7. TITLE(S) OF HACCP OR SSC DOCUMENTATION	OP PLAN or OTHER SUPPORTING	7a. NAME OF HACCP CCP(S	S) or PREREQUISITE PROGRAM
8. INSPECTION TASK	9. VERIFICATION ACTIVITY		
Livestock Humane Handling	X Review & Observation	Record Keeping	Both
	9a. AFFECTED PRODUCT IN	FORMATION	
	9b. RETAIN/REJECT TAGS		
was no water in the drinker rewithin 10 minutes. Some catt thermometer in the center of	rtem Inspection while performing Humane Handling eceptacles in pens 1, 3, 5 and 7. In the drank water as they noticed the the pens about 2 feet above the ca 313.2 (e) requiring water in holdin	Maintenance was called to correct flow had returned but there was attle read 70 degrees F. Barn Su	lortem Inspection it was noted that there the problem and water began to flow no distress or urgency to drink water. A pervisor Not Named was notified of the
You are hereby advised of your right	to appeal this decision as delineated by 306	.5 and/or 381.35 of 9 CFR.	
12. ESTABLISHMENT MANAGE	MENT RESPONSE:		
This document serves as written no	otification that your failure to comply with	h regulatory requirements(s) could resul	It in additional regulatory or administrative action.
13.SIGNATURE OF ESTABLISH	HMENT MANAGEMENT		14. DATE
15.VERIFICATION SIGNATURE	OF INSPECTION PROGRAM EMPL	OYEE	16. DATE

Inspector Page

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