



Review Date: \_\_\_\_\_

Approved

Not Approved

Establishment Name
Location Address
City, State, Zip

Product name: \_\_\_\_\_  Acceptable  Unacceptable

Producer's name: \_\_\_\_\_  Acceptable  Unacceptable

Exempt P.L. 90-492 statement  Acceptable  Unacceptable

Producer's address: \_\_\_\_\_

Acceptable  Unacceptable

Safe handling instructions  Acceptable  Unacceptable

Net weight statement \_\_\_\_\_  Acceptable  Unacceptable

Nutrition Facts:  Acceptable  Unacceptable

Claims:

1. No Antibiotics Ever  Acceptable  Unacceptable

Does the producer use antibiotics? How are sick poultry treated? Are they slaughtered for human consumption?

2. No added Hormones  Acceptable  Unacceptable

Does the producer use hormones?

3. Vegetarian diet  Acceptable  Unacceptable

What are the poultry fed? Adequate invoices of feed purchases?

4. No added solutions of injections  Acceptable  Unacceptable

5. Family farm  Acceptable  Unacceptable

Does the label provide traceability to farm?  Acceptable  Unacceptable

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Signature of Reviewer