MARYLAND DEPARTMENT OF AGRICULTURE
EGG QUALITY ASSURANCE PROGRAM
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
Telephone (410) 841-5769
Fax (410) 841-2765

MARYLAND EGG QUALITY ASSURANCE PROGRAM
PROCESSOR PARTICIPATION AGREEMENT

Mailing Name and Address	Location Name and Address
Telephone Number ( )	Telephone Number ( )

IMPORTANT: IF ANY INFORMATION IS INCORRECT OR INCOMPLETE, PLEASE MAKE NECESSARY CHANGES ON THIS FORM.

ORGANIZATION AND CONDITIONS FOR PARTICIPATION

A. The program is supervised by the Maryland Department of Agriculture.

B. Representatives of the Department doing the supervision consist of personnel from the Food Quality Assurance Program.

C. The program is administered and coordinated by the Department. Representatives of the Department will work with other appropriate groups and individuals in the development and operation of the program.

D. Any shell egg processor in Maryland may participate in the program. Processing of eggs produced by flocks outside Maryland will be at the discretion of the Department based on the flock status in a program equivalent to MEQAP.

E. Procedures to be followed are based on specific protocols, as adopted by the Department.

F. Operating protocols and other basic procedures may be modified by the Department.

G. Participation in the program is voluntary and any participant may withdraw at any time.

H. Participation in the program may be terminated by the Department if the participant does not comply with the "Conditions for Participation".

I. If participants either voluntarily withdraw or are terminated by the Department the participants will automatically fall under the Maryland regulations (both Health & Agriculture) dealing with Salmonellosis of poultry.

J. Testing information that is not required by other MDA and MDHMH mandatory programs will be treated confidentially by MDA.

K. Participation in the program offers no warranty, expressed or implied that eggs produced under this program are free of SE.

L. Nothing in these conditions shall be or become the basis for a claim for damages of any nature whatsoever against representatives of the Maryland Department of Agriculture, Maryland Department of Health and Mental Hygiene, their employees or agents.

M. Representatives of the Department will conduct independent random inspections to verify compliance with Program protocols including documentation of egg sources and adequacy of monitoring and recordkeeping.

N. If eggs processed by a participant are implicated in a traceback from an egg-associated SE outbreak, Program testing/monitoring results will be shared with the responsible government agencies.

O. Participants understand their participation in MEQAP does not relieve them of responsibility to comply with applicable statutes and regulations of MDA, MDHMH and USDA.

P. Participants agree that they or their representatives shall:

1. Cooperate with MDA in carrying out the prescribed monitoring and prevention procedures.
2. Participate in training sessions on quality control and recordkeeping.
3. Pay for the cost of training and monitoring of the program including the cost of quarterly visits by MDA to the processing plant. Where applicable and feasible, routine quarterly monitoring of processing plant records and verification of compliance with the established requirements will be conducted by MDA graders during their regular tour of duty without additional cost to participants.
4. Maintain a standard log on a form approved by MDA to record monitoring of the requirements established in this Program.
5. Maintain an appropriate rodent control program approved by the MDA.
6. Obliterate the MDA logo from all cartons and cases containing eggs produced and/or processed under conditions not meeting the requirements of the MEQAP Program.
7. Adopt Standard Operating Procedures and records for plant pre operational and operational sanitation procedures and egg quality according to standards set by MDA.

THESE CONDITIONS FOR PARTICIPATION IN THE MARYLAND EGG QUALITY ASSURANCE PROGRAM FOR PROCESSORS HAVE BEEN READ AND HEREBY ACCEPTED BY:

_____ _____

Individual authorized to approve and ensure participation in Maryland Egg Quality Assurance Program **Date**

_____ _____

Food Quality Assurance Program Manager **Date**