

Notarized Self-Inspection Plan Form

(APHIS Approval Number: _____)

(Only Required for Raw Pet Food Facilities)

This serves to inform officials of the United States Department of Agriculture's Animal and Plant Health Inspection Service that _____ (Facility's name), located at _____

(Facility's street address, including City, State, and Zip Code), produces raw pet food under a self inspection plan with the following minimum Critical Control Points and Critical Limits:

CCP Number	Critical Control Point	Critical Limit
CCP1	Finished Product	Salmonella: n = 5, c = 0, m = 0, M = 0 (sample size 25 g)
CCP2	Finished Product	Enterobacteriaceae: n= 5, c = 2, m = 10, M = 300 (sample size 1 g)

n = number of samples to be tested

m = threshold value for the number of bacteria: the result is considered satisfactory if the number of bacteria in all samples does not exceed m;

M = maximum value for the number of bacteria; the result is considered unsatisfactory if the number of bacteria in one or more samples is M or more; and

c = number of samples the bacterial count of which may be between m and M, the sample still being considered acceptable if the bacterial count of the other samples is m or less

Signed by: _____ Date: _____

Printed name of signing official: _____

Position of signing official: _____

Company name: _____

Notary signature and seal: _____