D	EPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		N SUMMARY - ΓEVALUATION			
tir cc	ne items marked below identify deficiencies in operations ne period or by such date as may be specified by the reg prection specified in reference to this notice may result it oduct for use on or by interstate conveyances.	ulatory authority. Failure to comply	with any time limits for			
	ERATOR AND ADDRESS	ESTABLISHMENT NAME				
		INSPECTION DATE	FEI NO.			
CLASSIFICA APPR	TION RECOMMENDED (Check One) ROVED PROVISIONAL (Expiration Date)		☐ NOT APPROVED			
REPORT PR	EPARED BY (Name and Title)					
	NAME/TITLE/ORGANIZATION	REQUESTING INVESTIGATION				
LOCAL OFF		HOME OFFICE				
NAME AND	ADDRESS OF MANUFACTURER	NAME AND TITLE OF CONTACT				
	EQUIPMENT I	NFORMATION				
TRADE NAM	IE AND MODEL NUMBER					
	ON AND SPECIFIC USE OF EQUIPMENT: PROTOTYPE	PRODUCTION IN USE	OTHER			
ACCEPTAN	CE BY OTHER AGENCIES, ORGANIZATIONS					
FOOD-CONTACT SURFACE MATERIALS AND "FOOD ADDITIVE" STATUS						
IDENTIFICA	TION OF SIGNIFICANT COMPONENT PARTS					

PRODUCT CONTACT SURFACES	1	TEMPERATURE CONTROL	
Design	12		
Construction	13	Adequate Design	
Materials	14	Thermometers	
NON-PRODUCT CONTACT SURFACES	15	Insulation	
Design	16	Refrigeration	
Construction	17	Temperatures	
Materials		MISCELLANEOUS	
JOINTS, SEAMS, AND OPENINGS	18	Appurtenances	
Design	19	Design	
Construction	20	Construction	
PLUMBING	21	Interfaces	
Cross-Connections	22	Manuals, Instructions	
) Water Treatment	23	Operations	
Waste Water	24	General Maintenance	
	25	Sanitary Maintenance	
	26	Other	
EMARKS			