	DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	Ball Poin	ibly. Use Black t Pen. Enter	FIELD TEST SERIAL NO. (1-8)
	GENERAL INFORMATION FIELD TEST RECO (Use Form FDA 2782, Field Test Record Continuation if more space is needed)	DRD	acter per box.	REGIONAL REVIEW (NAME)
Card No. (9-10) 01	Facility Identification Name (11-80)			
02	Street Address (11-80)			
03	City (11-73)	State Code	Zip Code	
04	Room Number (11-37) Person Interviewed (38-56)	74 75	76 Telephone Numbe	
	Surveyor Information		57 59	60 66
	Name (Last, First, Middle Initial) (11-67)		Accomp. Agency Accomp. District	
05	Signature	FDA Region		70     72       Date (Mo/Day/Yr)
		73 74	75	82
Survey Information           Purpose of Survey         Law Initial Survey         Care Compliance F/LL         Haw HLA				
	Assembler Report Nos.			
	(Letter included)	18 19		25 26 32
	Installation Mo/Day/Yr Previous FTRs 33 40 (5 or 6 digit numbers) 41 46 47 52			
	System Information			
	Certification Status       C System Fully Certified       V Fully Certified With Variance         M Mixed Certified/Non-Certified       N Fully Non-Certified       57			
06	Control Manufacturer Control Serial No.			Date of Mfr. (Mo/Yr)
	Control Model No. Mfr Coo	de		ique ID
	68     71     72     77       System Maintenance     68     71     72     77			
	Is a maintenance schedule designed for compliance being followed?	Y Ye 78 N No	mainte	loes the compliance enance?
	Is the maintenance schedule available for review?     X Unknown     M Mfr Rep     N Not Done       P Private     X Unknown       I In House     80			rivate X Unknown
	Instrumentation	/9		00
	MDH Serial No. Light Meter Serial No.			
06				
	Number of Each Form Attached Assembler Data			
	AR DR CF	ny		
	AF MA HN Street Address			
	UF KV CT City		State Zip	
	Home D	District	FEI Number	
	MR VC 30	31 33	34	43

