

**Voluntary National Retail Food Regulatory Program Standards
FDA NATIONAL REGISTRY REPORT**

Form Approved
OMB Number 0910-0621
Expiration Date: 3/31/2011
(See Public Reporting Burden Statement on page 2.)

Name of Jurisdiction Reporting This Information	Address		
	City	State	ZIP Code
To (Enter name of FDA Regional Retail Food Specialist)			Date (mm/dd/yyyy)

In the table below, please select the applicable category or categories and enter all relevant information.

<input type="checkbox"/> Enrollment Only	<input type="checkbox"/> Self-Assessment	<input type="checkbox"/> Verification Audit	<input type="checkbox"/> Baseline Survey
Program Standard Number	Program Standard Met (Mark all that apply and enter the date met for each)	Verification Audit Confirmed (Mark all that apply and enter the date confirmed for each)	Date <input type="checkbox"/> Original: _____ <input type="checkbox"/> Update: _____
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Survey Audit Confirmed Date: _____
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	Risk Reduction Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	

Self-Assessment Completed by

Name (Printed)	Signature	Title	Agency
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Verification Audit Completed by

Name (Printed)	Signature	Title	Agency
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Baseline Survey Completed by

Name (Printed)	Signature	Title	Agency
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Baseline Survey-Update Completed by

Name (Printed)	Signature	Title	Agency
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Action Plan Completed by

Name (Printed)	Signature	Title	Agency
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Signed **Release Record and Agreement – Permission to Publish in National Registry (Form FDA 3520)?**

Yes No

Program Manager Name (Printed)	Signature	Date (mm/dd/yyyy)
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Public reporting burden for this collection of information is estimated to average 92 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department of Health and Human Services, Food and Drug Administration, Office of Chief Information Officer, 1350 Piccard Drive, Room 400, Rockville, MD 20850.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please do NOT send this form to the address mentioned in the above reporting burden statement.