DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

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.

☐ **Enrollment Only**	☐ **Self-Assessment**	☐ **Verification Audit**	☐ **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 ☐ Original: _____ ☐ Update: _____
1	☐	☐	
2	☐	☐	
3	☐	☐	
4	☐	☐	☐ Survey Audit Confirmed Date: _____
5	☐	☐	
6	☐	☐	
7	☐	☐	Risk Reduction Confirmed? ☐ Yes ☐ No
8	☐	☐	
9	☐	☐	

Self-Assessment Completed by

Name *(Printed)*	Signature	Title	Agency

Verification Audit Completed by

Name *(Printed)*	Signature	Title	Agency

Baseline Survey Completed by

Name *(Printed)*	Signature	Title	Agency

Baseline Survey-Update Completed by

Name *(Printed)*	Signature	Title	Agency

Action Plan Completed by

Name *(Printed)*	Signature	Title	Agency

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)*