



UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS INSPECTION DIVISION

Report #:

_____ in 20____

SUPER-LOT NON-CONFORMITY REPORT

COMPANY NAME:

DATE:

WAREHOUSE REPRESENTATIVE:

SUPERVISOR:

RATING:

MAJOR or CRITICAL

DESCRIPTION OF NON-CONFORMITY:

NOTIFIED COMPANY STAFF AT TIME OF FINDING NON-CONFORMITY:

YES or NO

___ Non-Conformity is reoccurring

___ Non-Conformity is the result of an ineffective corrective action

___ Non-Conformity will result in immediate removal from the program

COMPANY REPRESENTATIVE SIGNATURE (Signature affirms facts concerning non-conformity are correct):

DATE:

CORRECTIVE ACTION PROPOSED AND TIME-FRAME FOR IMPLEMENTATION:

SUPERVISOR SIGNATURE (For acceptance of proposed corrective action and timetable for implementation):

DATE: