

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER

DATE(S) OF INSPECTION

KAN-DO
11630 West 80th St (913)752-2100
Lenexa, KS 66214
Industry Information: www.fda.gov/oc/industry

5/23/11

FEI NUMBER

3008776426

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Gary W. Vorderstrasse, Owner

FIRM NAME

Vorderstrasse Farms LLC

STREET ADDRESS

72460 573rd Ave.

CITY, STATE AND ZIP CODE

Plymouth, NE 68424

TYPE OF ESTABLISHMENT INSPECTED

Shell Egg Manufacturer

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS, AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

① Your written SE prevention plan is not fully implemented and followed.

Specifically,

A) Your plan states you will perform rodent indexing by monitoring (b)(4) traps (b)(4) for (b)(4). No rodent indexing has been performed to date.

B) Your plan states environmental testing for SE is to be performed on egg belts and manure belts at (b)(4) weeks. You are testing manure pits and not manure belts. Environmental testing was performed on House #1 on 3-Aug-10 at 44 weeks and on House #2 on 14-Dec-10 at 46 weeks.

C) Your plan states foot baths are to be placed in high traffic doors and between sections. We observed one dry foot bath at the entrance into the processing plant only.

SEE REVERSE OF THIS PAGE

EMPLOYEE(S) SIGNATURE

Monica M. McClure
Lori A. Gioia

EMPLOYEE(S) NAME AND TITLE (Print or Type)

Monica M. McClure, Investigator
Lori A. Gioia, Investigator

DATE ISSUED

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DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

- ① You do not maintain practices to protect against cross contamination when employees & equipment are moved between poultry houses. Your SE plan does not address biosecurity if houses were SE positive. No documentation is maintained for the foot powder in egg pack rooms; frequency for changing + criteria dictating powder change.
- ② your written SE plan does not bear a date
- ③ or carry the signature of the person(s) who administer the plan.
- ③ All required records do not have the signature or initials of the person performing the operation or creating the record.
- ④ Rodent and fly monitoring logs do not contain initials of person recording results.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Monica M. McClure Lori A. Gioia	EMPLOYEE(S) NAME AND TITLE (Print or Type) Monica M. McClure, Investigator Lori A. Gioia, Investigator	DATE ISSUED 5/23/11
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DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

- LAG 05/23/2011
- ④ All required records do not include the location
 - ⑤ of your farm.

Specifically, the address listed on the records is the corporate address and not the address of the farm.

- ⑥ you did not complete the Fly Number Index Sheet:
 - the last entry for House #1 was dated 4/25/11.
 - the last entry for House #2 was dated 3/7/11.

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Monica M
Lori A. Gioia

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