

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER Kansas City District Office "Industry Information: <a href="http://www.fda.gov/oc/industry">www.fda.gov/oc/industry</a> " 11630 W. 80th St. Lenexa, KS 66214-3340 (913) 752-2100		DATE(S) OF INSPECTION 03/08 - 03/10/2011
		FEI NUMBER 3004285422

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED  
**TO: Sherman L. Miller, Vice President of Operations**

FIRM NAME Cal-Maine Foods, Inc.	STREET ADDRESS 625 Avenue K
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CITY, STATE AND ZIP CODE Chase, KS 67524	TYPE OF ESTABLISHMENT INSPECTED Shell Egg Producer
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**DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:**

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.

You failed to take steps to prevent wild birds from entering poultry houses. This is evidenced by the following observation on 03/08/2011:

Specifically, we observed 2 live wild birds perched above chicken cages in house 11, aisle 3, additionally, 3 live wild birds were observed perched on and above chicken cages in house 11, aisle 5.

**Annotation:**  
Firm Management provided an Invoice to Investigators McClure + Palmer, dated 2/24/2011 showing barns had been re-rooted to prevent wild birds from entry. The firm's SE Plan, dated, June 7, 2010 & revised 3/1/2011 states on page 85; "This work was completed as of 3/1/2011, therefore this should allow for all wildbirds to be removed over a two week period." Investigators McClure + Palmer verified roof work had been completed.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE <i>Monica M. McClure</i> <i>Melva J. Palmer</i>	EMPLOYEE(S) NAME AND TITLE (Print or Type) Monica M. McClure, Investigator Melva J. Palmer, Investigator	DATE ISSUED 03/10/2011
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