

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

DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 Detroit, MI 48207 (313) 393-8100 Fax: (313) 393-8139 Industry Information: www.fda.gov/oc/industry	DATE(S) OF INSPECTION 05/23/2011 - 06/01/2011*
	FEI NUMBER 3001490705

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
TO: Ronald L. Burns, Owner

FIRM NAME Burns Poultry Farm, Inc.	STREET ADDRESS 9922 Irish Rd
CITY, STATE, ZIP CODE, COUNTRY Millington, MI 48746-9708	TYPE ESTABLISHMENT INSPECTED Shell Egg Producer

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 WE OBSERVED:

OBSERVATION 1

Your written SE prevention plan is not implemented and followed.

Your plan was not developed for your specific farm type. Additionally, you implemented and follow alternative procedures which are not listed in the plan.

For example:

a) Your plan states in the "Pest Control Practices" under the sub-section "Flying Insect Control" the monitoring techniques of **b(4)**. Your firm routinely uses **b(4)** for the detection of flying insects and does not use bait for flying insect control.

b) Your plan states under "Visitor Policy" that visitors "Must use dry footbaths and hand sanitizer, if in contact with hens, when entering subsequent barns" and under the "Production Dept. Disinfection Practices To Prevent Cross Contamination" section that for personnel, "Dry Foot Baths are required upon entering/exiting poultry house". Your firm routinely uses **b(4)** foot baths throughout all the poultry houses.

c) Your plan states under the "Production Dept. Disinfection Practices To Prevent Cross Contamination" section for equipment, "Disinfection will consist of a pump up hand sprayer containing **(b) (4)** mixed in compliance with manufacturers labeling." Your firm routinely uses iodine for all cleaning and disinfecting of equipment.

AMENDMENT 1

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Lisa M. Thursam, Investigator Keith J. Jasukaitis, Investigator Margaret N. Persich, Investigator Marlon K. Turner, Investigator	DATE ISSUED 06/01/2011
	<i>[Handwritten signatures]</i>	

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OBSERVATION 2

Your written SE plan does not bear a date and carry the signature(s) and not the initials of the person(s) who administer the plan.

Specifically, upon arrival to your firm on 5/23/11, your written SE prevention plan did not have the signatures of the (b) (4) program administrators and the date of implementation.

*** DATES OF INSPECTION:**
 05/23/2011(Mon), 05/24/2011(Tue), 05/25/2011(Wed), 06/01/2011(Wed)

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SEE REVERSE OF THIS PAGE	<small>EMPLOYEE(S) SIGNATURE</small> Lisa M. Thursam, Investigator <i>[Signature]</i> Keith J. Jasukaitis, Investigator <i>[Signature]</i> Margaret N. Persich, Investigator <i>[Signature]</i> Marlon K. Turner, Investigator <i>[Signature]</i>	<small>DATE ISSUED</small> 06/01/2011
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