

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

DISTRICT OFFICE ADDRESS AND PHONE NUMBER Kansas City District Office 11630 W. 80 th St Lenexa, KS 66214	DATE(S) OF INSPECTION 5/2/2011-5/4/2011
	FEI NUMBER 1930931

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED
to: Clyde W. Lynde, Complex Manager

FIRM NAME Johnson County Egg Farm	STREET ADDRESS 1275 S.E. Hwy Y
CITY, STATE AND ZIP CODE Knob Noster, MO 65336	TYPE OF ESTABLISHMENT INSPECTED Shell Egg Producer/Manufacturer

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

- Your written SE plan does not carry the signatures of the persons who administer the plan.
Specifically,
Your written SE Plan for Johnson County Egg Farm does not have individual names listed as administrators of the plan. Your plan only lists individual titles of persons who can administer the plan.
- All required records do not include your name and the location of your farm.
Specifically,
Your (b) (4) Environmental Submission Form does not list your farm name and location, and your Laboratory Results Forms do not list the farm location of which the samples were taken.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE <i>Erin C. Dugan</i> <i>Adree Anderson</i> <i>Cody D. Rickman</i>	EMPLOYEE(S) NAME AND TITLE (<i>Print or Type</i>) Erin C. Dugan, Investigator Adree N. Anderson, Investigator Carmen Y. Fischer, Investigator Cody D. Rickman, Investigator	DATE ISSUED 5/4/2011
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