Last Updated: 05/2023 Form-000173



## DEPARTMENT OF HEALTH AND HUMAN SERVICES U.S. Food and Drug Administration

## U.S. FOOD & DRUG ADMINISTRATION OFFICE OF REGULATORY AFFAIRS

## Office of Regulatory Affairs

## Official Establishment Inventory (OEI) Data Collection Form

Instructions: Fill out the form in its entirety & applicability. See notes for definitions, establishment types, industry codes.

FIRMINFORMATION									
1. FEI Number:		2. DUN	S Number:						
3. Firm's Legal Name:	g Business As	Business As (DBA):							
5. Firm's Physical Address	s:								
6. City: 7. State/Province: 8. Zip Co		8. Zip Code	e/Mail Code: 9. County:				10. Country		
11. Firm's Mailing Address:	:								
12. City:	13. State/Province:	14. Zip Code	/Mail Code:	de: 15. County:			16. Country		
17. Website:		18. Busin	ess Telephone	phone Number:		19. FAX Number:			
20. Legal Status Firm:		21. Establisl /food):	hment Size (gro			this a dual jurisdiction establishment (DJE) od firm between FDA and USDA/FSIS?			
Corporation LLC	LP	22 Number	of Employees	Yes			No		
Partnership Owner	Government Entity 22. Number of Employees:								
24. Brief Description of Fire	m's Operation:								
OF Fatablishmant Tuna/ In	duates Cada (Chaali asse	liantia hay(an) D	\	4 - l- l: - l	- 4 to ( - ) (	d	f = = = 11 = = 4i; ;i4i = = \.		
25. Establishment Type/ In Human A	<b>dustry Code</b> (Спеск арр nimal	ilicable box(es). L	ocument the es	tabiisnmer	nt type(s)/in	dustry code(s)	for all activities):		
Establishment Type/	Industry Code(s)								
26. Percent Retail (food firms): 27. Percent Wholesale (Total % of firm sold wholesale – food firms only (ii									
	interstate):	- lood lillis offiy	(Illoidde Illiasi	ate and		iii is a Depot (	(1 000 Walchouse	, Omy).	
29. Hours of Operation (If s	easonal include months):		30. Interstate	(IOM 5.11	1.4.3.5):				
		Percent of Products Shipped Interstate:							
POINT OF CONTACT I	NEORMATION		Percent of Co	mponents	Received in	Interstate:			
	32. Point of Contact Name: 33. Title:								
·									
34. Phone Number:			35. E-mail Ad	E-mail Address:					
DECICEDATION IN EC	NDMATION.								
REGISTRATION IN F C 36. Registration Required:	RMATION		37. Firm Reg	istered (D	ata from a	Center registr	ration system)?		
Yes No	Voluntary Canno	Yes							
38. Registration Type(s) / m	nost recent registration	date (s) (MM/DD/	YYYY) from a (	Center reg	jistration s	ystem:			
Biologics: Blood		Device Drug: Animal							
Drug: Human GDUFA			-	Food: Medicated Feed Food					
Egg (SEG) AF/LACF (FCE)									
RECOMMENDED ACT			40.5			10111 11			
39. District Use Codes (DU	40. R	40. Recommended Workload Obligation:     Yes No Unknown							
To be added  To be end dated			41. R	41. Recommended Registration(s) Cancellation and why:					
TO be end dated									
42. Operational Status:	Operational	Se	Seasonal (Start Date: End Date:)						
	Out of Business (Date	Pr	Pre-Production (start date)						
	Not OEI (document why	in comment secti	ion) In	active (antio	cipated start	date)	<del></del> -		
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43. Recommended FEI Number(s) to merge:	44. Recommended FEI Number(s) to unmerge:
45. Other Data Corrections Needed (additionally, if any box above con	ntains updated information, document the box number here for review)
46. Additional Information/Comments:	
PREPARER'S INFORMATION (required)	
47. Name:	48. Office/Division:
49. Phone Number: 50	). E-mail:
51. Signature:	52. Date (MM/DD/YYYY):
RECOMMENDING OFFICIAL (Supervisor, Contracting O	fficial, State Liaison, or other Management) (optional)
53. Name:	54. Office/Division:
55. Phone Number: 56	S. E-mail:
57. Signature:	58. Date (MM/DD/YYYY):
APPROVING OFFICIAL (OEI Coordinator) (optional)	
59. Date FMS updated:	
60. Name:	61. Office/Division/:
62. Phone Number: 63	B. E-mail:
64. Signature:	65. Date (MM/DD/YYYY):

**NOTE**: ORA Program management will determine which signatures are required.

This form should be filed in accordance with a Program's form storage procedure(s).

If no Program form storage procedure(s) exists, ORA management will determine if this form is to be stored in the physical firm/factory jacket (if one exists), in the program's electronic file, in the district's electronic file, in the OEI coordinator's file, or in some other location.

SOP-000051 "OEI Development and Maintenance Procedure" provides some definitions WI-000022 "Data Entry Fields in Firm Management Services" describes the contents of each data field WI-000024 "Establishment Types and Industry Codes provides some definitions