



DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Food and Drug Administration
Office of Regulatory Affairs



Official Establishment Inventory (OEI) Data Collection Form

Instructions: Please fill out the form in its entirety. See SOP 130 for definitions, establishment types, industry codes.

FIRM INFORMATION			
1. FEI Number:		2. DUNS Number:	
3. Firm's Legal Name:		4. Doing Business As (DBA):	
5. Firm's Physical Address:			
6. City:	7. State:	8. Zip Code:	9. County:
10. Firm's Mailing Address:			
11. City:	12. State:	13. Zip Code:	14. County:
15. Website:		16. Business Telephone Number:	17. FAX Number:
18. Legal Status Firm: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> Partnership <input type="checkbox"/> Owner <input type="checkbox"/> Government Entity		19. Establishment Size:	20. Is this firm a dual jurisdiction (DJE) with the FDA and USDA/FSIS? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Percent Retail :	22. Percent Wholesale (Total % of firm products that are sold wholesale – food firms only (include intrastate and interstate):	23. Product Turn Around Time To Determine if Firm is a Depot (Warehouse Only):	
24. Hours of Operation (If seasonal include months):		25. Interstate: Percent Received: _____ Percent Shipped: _____	
26. Establishment Type/ Industry Code (Choose applicable information from drop down and additionally document the type/code for all activities):			
27. Brief Description of Firm's Operation:			
POINT OF CONTACT INFORMATION			
28. <input type="checkbox"/> Headquarters <input type="checkbox"/> Inspection Site		29. Point of Contact Name:	30. Title:
31. Phone Number:		32. E-mail Address:	
REGISTRATION INFORMATION			
33. Registration Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voluntary		34. Firm Registered (Data from a Center registration system)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Registration Type(s) / most recent registration date (s) (MM/DD/YYYY) from a Center registration system: <input type="checkbox"/> Biologics: Blood _____ <input type="checkbox"/> Biologics: Human Tissue _____ <input type="checkbox"/> Device _____ <input type="checkbox"/> Drug: CVM _____ <input type="checkbox"/> Drug: Human _____ <input type="checkbox"/> GDUFA _____ <input type="checkbox"/> Medicated Feed (CVM) _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Egg (SEG) _____ <input type="checkbox"/> Food Canning Establishment (FCE) _____			
RECOMMENDED ACTIONS			
36. Program Risk Identifier: <input type="checkbox"/> OC FY OEI CFSAN – Designated B-Firm Cleanup <input type="checkbox"/> OS FY OEI State – Designated B-Firm Cleanup <input type="checkbox"/> OO FY OEI Coordinator-Designated B-Firm Cleanup		37. Recommended Workload Obligation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		38. Recommended Registration Cancellation(s):	
39. Operational Status: <input type="checkbox"/> Operational <input type="checkbox"/> Seasonal (Start Date: _____ End Date: _____) <input type="checkbox"/> Pre-Production <input type="checkbox"/> Not OEI <input type="checkbox"/> Inactive <input type="checkbox"/> Out of Business			

40. Recommended Merge FEI Number(s):	
41. Other Data Corrections Needed:	
42. Additional Notes/Comments:	
PREPARER'S INFORMATION	
43. Name:	44. Office/Division/District:
45. Phone Number:	46. E-mail:
47. Signature:	48. Date (MM/DD/YYYY):
RECOMMENDING OFFICIAL (Supervisor, Contracting Official, State Liaison, or other Management)	
49. Name:	50. Office/Division/District:
51. Phone Number:	52. E-mail:
53. Signature:	54. Date (MM/DD/YYYY):
APPROVING OFFICIAL (OEI Coordinator)	
55. Date FMS updated:	
56. Name:	57. Office/Division/District:
58. Phone Number:	59. E-mail:
60. Signature:	61. Date (MM/DD/YYYY):

NOTE: Forms may be stored in the physical firm jackets (if one exists), in the district's electronic file, or the OEI coordinator's file.