

APPENDIX I

REQUEST FOR AUDIT REDUCTION

I. CONTACT INFORMATION

1. Program Division/District Office:

2. State Liaison Contact:

3. State Agency:

4. State Agency Contact:

II. CONTRACT INFORMATION

1. Period of Performance: start date: end date:

2. Contract Program: Food Feed

3. Check the type of inspections awarded in the contract and provide the number of inspections for each type of inspection.

HUMAN FOOD	ANIMAL FOOD
<input type="checkbox"/> Human Food GMP	<input type="checkbox"/> BSE
<input type="checkbox"/> LACF/AF	<input type="checkbox"/> Animal Food GMP
<input type="checkbox"/> Seafood HACCP	
<input type="checkbox"/> Juice HACCP	
Total	Total

4. Number of Inspectors conducting contract inspections:

5. Audit Phase

Phase I

Phase II

Phase III

III. AUDIT REDUCTION

1. Please explain the reasons for requesting an audit reduction.

2. Please provide the number of audits planned for each type of inspection

HUMAN FOOD	ANIMAL FOOD
Human Food GMP	BSE
LACF/AF	FAnimal Food GMP
Seafood HACCP	
Juice HACCP	
Total	Total

IV. CONDITIONS OF AGREEMENT

The State and Program Division/District understand that the audit reduction is valid for the period of performance specified in this agreement.

The audit reduction will be cancelled if any of the following conditions occur: (1) the State increases the number of inspectors conducting contract inspections; (2) an inspector receives an overall rating of needs improvement; and/ or (3) there are significant modifications to the contract (e.g. adding specialized inspections or increasing number of inspections).

It is the responsibility of the Program Division/District and State to report any changes to the information provided on the form. If the information provided on the form changes, the State shall notify the Program Division/District within 10 working days. The Program Division/District is responsible for reporting the changes to Office of Partnerships (OP) within 10 working days. A new Request for Audit Reduction form may be needed.

V. TO BE COMPLETED BY OFFICE OF PARTNERSHIPS

Approved with the conditions set forth in this agreement

Not approved for the following reasons:

OP Authorizing Official:

Date:

Distribution

Approved Original: Office of Partnerships

Approved Copy:

District Director

Program Division Director

Director of Investigations Branch

Project Manager

COR

State Liaison Contact

State Agency Contract

Appendix I

Instructions for Completing the Request for Audit Reduction

AUDIT REDUCTIONS MUST BE REQUESTED DURING THE FIRST QUARTER OF THE CONTRACT PERIOD OF PERFORMANCE.

GENERAL

Use this form to obtain approval for reducing the required number of audits for the human and animal food and contract inspection programs. The Program Division/District will complete and submit the form to the Office of Partnerships (OP). If an audit reduction is needed in both feed and food, the Program Division/District must complete and submit separate forms for each program.

OP will provide copies to the District Director, Program Division Director, Director of Investigations Branch, Project Manager, COR, Program Division/District Contact, and the State Agency Contact as notification of approval or disapproval of the request.

The request for audit reduction must be submitted and approved for each 12-month period of performance.

SPECIFIC

I. Contact Information

1. Select the District office from the drop down menu.
2. Provide the name of the Program Division/District person to be contacted for the information.
3. Select the State agency from the drop down menu.
4. Provide the name of the State person to be contacted for the information.

II. Contract Information

1. Period of Performance (MM/DD/YYYY)
Enter the start date and end date of the contract period.
2. Select the box for the contract inspection program. When requesting a reduction in audits for the food contract program, check Food. When requesting a reduction in audits for the feed contract program, check Feed.
3. Check the type of inspections awarded in the contract and provide the number of inspections for each type of inspection.
4. Provide the number of inspectors conducting FDA contract inspections.
5. For food contracts only. Check the state's phase of implementation of the contract audit program.

III. Audit Reduction

1. Briefly explain the reasons for requesting an audit reduction.
2. Provide the number of audits planned for each type of inspection.

IV. Conditions of Agreement

The Program Division/District and State shall read and understand these conditions of agreement. It is the responsibility of the Program Division/District and State to report any changes to the information provided on the form. If the information provided on the form changes, the State shall notify the Program Division/District within 10 working days. The Program Division/District is responsible for reporting the changes to OP within 10 working days. A new Request for Audit Reduction Form may be needed.

V. To Be Completed By OP

This section is for OP only and should be left blank. If the audit reduction is not approved, an explanation will be provided.

Distribution:

Approved original: Office of Partnerships

Approved copy:

District Director

Program Division Director

Director of Investigations Branch

Project Manager

COR

Program Division/District Contact

State Agency Contact