

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER 200 Chestnut St. Rm #900 Philadelphia, PA 19106 215-597-4390 Industry Information: www.fda.gov/oc/industry	DATE(S) OF INSPECTION 02/14/11 & 02/16/11
	FEI NUMBER 3008778170

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED
TO: Kerek D. Musser, Owner

FIRM NAME Pleasant View Acres	STREET ADDRESS 2604 Hossler Rd.
CITY, STATE AND ZIP CODE Manheim, PA 17545	TYPE OF 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 (I) (WE) OBSERVED:

OBSERVATION 1

Your written SE prevention plan was stored offsite.

Specifically, your SE prevention plan was located at (b) (4) (b) (4) (b) (4) until the first day of the inspection, when it was delivered by a representative of your management company.

OBSERVATION 2

The presence of flies is not monitored by appropriate monitoring methods.

Specifically, several methods such as spot cards, standing sticky tapes, baited traps, and moving sticky tapes are options available in your SE prevention plan, however none of the options were being utilized during the time of the inspection.

In addition, live and dead flies too numerous to count were observed throughout house 1.

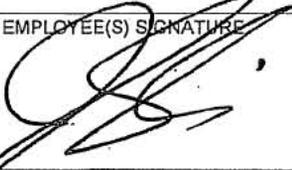
OBSERVATION 3

Stray animals are not prevented from entering poultry houses.

Specifically, three to four cats are kept in house 1 for rodent control.

In addition, one cat and cat feces was observed through out house 1.

OBSERVATION 4

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE 	EMPLOYEE(S) NAME AND TITLE (Print or Type) Jason M. Sluzynski, Investigator	DATE ISSUED 02/16/2011
--------------------------	--	--	---------------------------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT OFFICE ADDRESS AND PHONE NUMBER 200 Chestnut St. Rm #900 Philadelphia, PA 19106 215-597-4390 Industry Information: www.fda.gov/oc/industry	DATE(S) OF INSPECTION 02/14/11 & 02/16/11
	FEI NUMBER 3008778170

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED
TO: Kerek D. Musser, Owner

FIRM NAME Pleasant View Acres	STREET ADDRESS 2604 Hossler Rd.
CITY, STATE AND ZIP CODE Manheim, PA 17545	TYPE OF ESTABLISHMENT INSPECTED Shell Egg Producer

Your written SE prevention plan lacks appropriate SE prevention measures.

Specifically, your SE prevention plan lacks environmental and egg testing procedures. Your plan does not include assuring pullets are procured from SE monitored conditions.

In addition, your SE prevention plan does not contain cleaning and disinfection procedures.

OBSERVATION 5

Your written SE plan does not bear a date and carry the signature of the person who administers the plan.

Specifically, your plan does have the date and signature of the individual responsible for initial review and acceptance of the SE prevention plan.

OBSERVATION 6

All required records do not have the signature or initials of the person performing the operation or creating the record.

Specifically, during the current inspection your firm did not have signature or initials of the person performing the operation or creating the record for rodent control and refrigeration records.

OBSERVATION 7

You did not maintain records documenting compliance with rodent and other pest control measures.

Specifically, during the current inspection your firm did not maintain fly control records from July 9, 2010 thru February 14, 2011.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE 	EMPLOYEE(S) NAME AND TITLE (Print or Type) Jason M. Sluzynski, Investigator	DATE ISSUED 02/16/2011
--------------------------	--	--	---------------------------