

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

DATE(S) OF INSPECTION

03/08/11 & 03/10/11

FEI NUMBER

3008777754

Industry Information: www.fda.gov/oc/industry

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: James R. Parmer

FIRM NAME

Lancaster Junction Farm

STREET ADDRESS

999 S. Colebrook 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 lacks appropriate SE prevention measures.

Specifically, your SE prevention plan lists options for monitoring flies and does not specify how the farm currently monitors. In addition, the fly control plan does not indicate what action the farm will take once the established fly thresholds are exceeded.

OBSERVATION 2

Your written SE prevention plan was stored off-site.

Specifically, your SE prevention plan was located at **b4** until the first day of the inspection, when it was delivered by a representative of your company.

OBSERVATION 3

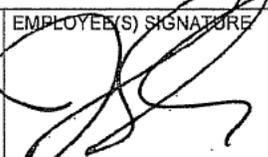
Your written SE plan does not bear a date and carry the signature of the person who administers the plan.

Specifically, your plan does not have the date and signature of the individual responsible for initial review and acceptance of the SE prevention plan.

OBSERVATION 4

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 for fly control records.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE 	EMPLOYEE(S) NAME AND TITLE (Print or Type) Jason M. Sluzynski, Investigator	DATE ISSUED 03/10/2011
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