

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT ADDRESS AND PHONE NUMBER US Customhouse, Rm 900 2nd & Chestnut St Philadelphia, PA 19106 (215) 597-4390 Fax: (215) 597-0875 Industry Information: www.fda.gov/oc/industry	DATE(S) OF INSPECTION 02/11/2011
	FBI NUMBER

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
TO: Arlin D. Wadel, Owner

FIRM NAME Arlin D. Wadel, Owner	STREET ADDRESS 301 McCullough Road
CITY, STATE, ZIP CODE, COUNTRY Shippensburg, PA 17257	TYPE 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 WE OBSERVED:

OBSERVATION 1

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 January 1, 2011.

OBSERVATION 2

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 the signature or initials of the person performing the operation or creating the record for fly and refrigeration records.

OBSERVATION 3

All your required records do not include the time of the activity that the records reflect.

Specifically, during the current inspection you firm did not include the time of activity on fly, rodent, and refrigeration records.

OBSERVATION 4

All required records do not include your name and the location of your farm.

Specifically, during the current inspection your firm did not have your name and location of your farm on fly, rodent, and refrigeration records.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE LT John M. Mastalski, Investigator LCDR Margaret E. Digennaro, Investigator	DATE ISSUED 02/11/2011
	<i>[Handwritten signatures]</i>	

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OBSERVATION 5

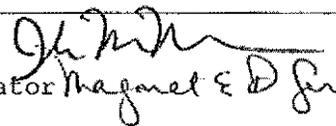
Your written SE plan does not bear a date and carry the signature(s) and not the initials of the person(s) who administer the plan.

Specifically, during the current inspection your firm did not have date and signatures of persons who administer the plan.

**SEE REVERSE
OF THIS PAGE**

EMPLOYEE(S) SIGNATURE

LT John M. Mastalski, Investigator
LCDR Margaret E. Digennaro, Investigator



DATE ISSUED

02/11/2011