

VDACS Office of Meat & Poultry Services
P.O. Box 1163, Richmond, VA 23218
Phone: (804) 786-4569 Fax: (804) 786-1003

DATE:

EST. NUMBER:

PLANT NAME:

Establishment Hours of Operation

Approval is not valid until the request is approved by Program Manager.

PLANT LOCATION:

REGION:

PLANT TELEPHONE NUMBER: _____

NOTE: Specify daily clock hours of operations (first eight [8] hours) and lunch periods for all shift. Overtime is to be arranged with your Inspector In Charge. Requests for temporary changes in hours of operation must be approved by the Team Leader.

PROCESSING

SHIFT 1
SHIFT 2

From:

To:

Lunch

SHIFT 1
SHIFT 2

From:

To:

Please reference 9 CFR Ch. III 307.4 and 381.37

Days of operation: S M T W Th F S

SLAUGHTER

SHIFT 1
SHIFT 2

From:

To:

Lunch

SHIFT 1
SHIFT 2

From:

To:

Days of operation: S M T W Th F S

PRODUCTS HANDLED: _____

(POULTRY, CATTLE, SWINE, ETC.)

RETAIL EXEMPT OPERATIONS

YES

NO

IF YES, BRIEF DESCRIPTION: _____

CUSTOM EXEMPT OPERATIONS

YES

NO

IF YES, BRIEF DESCRIPTION: _____

PLANT OFFICIAL'S NAME/TITLE _____

PLANT OFFICIAL'S SIGNATURE _____

DATE COMPLETED BY PLANT OFFICIAL: _____

REQUEST IMPLEMENTATION DATE: _____

TO BE COMPLETED BY OMPS/TEAM LEADER

TEAM LEADER : _____

RECOMMENDATION: _____

HEADQUARTER PLANT: _____

DATE: _____

TO BE COMPLETED BY OMPS/INSPECTION MANAGER

INSPECTION MANAGER: _____

RECOMMENDATION: _____

DATE: _____

STAFFING CONCERNS/CONSIDERATIONS SHOULD BE ATTACHED

TO BE COMPLETED BY OMPS/PROGRAM MANAGER

APPROVED

These hours of operation are approved as requested with the understanding that any hours worked outside of the approved schedule may be considered Reimbursable Overtime (ROT) and will be paid by the plant.

DISAPPROVED

PROGRAM MANAGER

DATE