

Inspection – Product Check-Off Sheet

CONTROLLED//PROPIN//BASIC

Firm: _____ Est. #: _____ Page: _____ of _____
Product Code: _____ Start Date: _____ End Date: _____
Serial Number: _____ Inspector: _____

Product Name:

Outline Approved: _____ Matches CVB
Copy? _____ Electronic? _____

List of Antigens:

Seed Identification:

Seed Lot Number:

Bulk Lot Number:

Inoculation:

Inspection – Product Check-Off Sheet

CONTROLLED//PROPIN//BASIC

Harvest Date/Amount:

Inactivation:

Preservatives:

Pooling Date/Amt.:

Est. #: _____ Page: _____ of _____ Inspector: _____

Product Code: _____ Start Date: _____ End Date: _____

Batching Date/Amt.:

Filling Date/Size:

Filling Amount: _____

Lyophilization Date/Amount:

Inspection – Product Check-Off Sheet

CONTROLLED//PROPIN//BASIC

Purity Test:

Safety Test:

Potency Test:

Misc Test:

Firm's Inventory to Shipping:

Label Date/Amount:

Expiration Date Check:

APHIS Release By/Date:

Inspection – Product Check-Off Sheet

CONTROLLED//PROPIN//BASIC

Firm Release By/ Date:

Inventory from APHIS 2008:
