

NYS DEPARTMENT OF AGRICULTURE AND MARKETS
 DIVISION OF FOOD SAFETY AND INSPECTION
 10B AIRLINE DRIVE, ALBANY, NEW YORK 12235

INVENTORY RECORD
 # _____
 (To be completed by the Central Office)

5A VACUUM PACKAGING RECORD
 (To Be Completed by Establishment Operator)

DATE: _____

OWNER:	EST. NO.:											

TRADE NAME: _____

STREET:	CITY:	COUNTY:	ZIP:
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REFRIGERATED – Must be labeled with a 14 day use by date (14 calendar days) from packaging to consumption.
FROZEN - Must be conspicuously labeled “Keep Frozen Until Use.”

2. List the species/products to be vacuum packaged.	Refrigerated	Frozen
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

MEMO: _____

SUPPORTING ATTACHMENTS:

HACCP PLAN SUPPORTING STUDIES/DATA OTHER _____