

SPECIALTY CROPS INSPECTION DIVISION ALMOND SALMONELLA VERIFICATION PROGRAM NON-CONFORMITY AND CORRECTIVE ACTION REQUEST

A. Equipment	B. Processor Name & Address
Equipment I.D.:	Company Name:
Date of the last verification to be in compliance:	Address:
Report No: Page of	
Date Started:	Company Contact Name:
Date Completed (if different than Date Started):	Phone:
Inspector Name:	Email:
C. Non-Conformity	
Description of Non-Conformity:	
Non-Conformity does not comply with Validation Processes.	
Non-Conformity does not meet with Regulations.	
D. Company Representative Signature	
Signature affirms facts concerning Non-Conformity are correct.	
E. Corrective Action (To be completed by Almond Board Representative)	
Corrective Action Proposed & Time Frame for Implementation:	
F. Follow-Up Action (To be completed by Almond Board Representative)	
Follow-up action and date:	