



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

A. Equipment
Equipment Identification:
Date of the last verification to be in compliance:
Report No: Page _____ of _____
Date Started:
Date Completed (if different than Date Started):
Inspector Name:

B. Processor Name & Address
Name:
Address:
City, State, Zip:

C. Non-Conformity
Description of Non-Conformity:
<input type="checkbox"/> Non-Conformity does not comply with Validation Processes.
<input type="checkbox"/> Non-Conformity does not meet with Regulations.

D. Company Representative Signature
Signature affirms facts concerning Non-Conformity are correct. Date

E. Corrective Action
Corrective Action Proposed & Time Frame for Implementation:

F. Follow-Up Action
Follow-up action and date: