



**SPECIALTY CROPS INSPECTION DIVISION
ALMOND SALMONELLA VERIFICATION PROGRAM
TREATMENT PROCESS VERIFICATION REPORT**

A. Verification
Date:
Certificate No.:
Hours:
Miles:

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

C. Name & Address (if different from B.)
Name:
Address:
City, State, Zip:

D. Treatment
Treatment Process Location:
Treatment Process:
<input type="checkbox"/> Blancher <input type="checkbox"/> Oil Roaster <input type="checkbox"/> Dry Roaster <input type="checkbox"/> PPO Chamber
<input type="checkbox"/> Other Approved Process: _____ <input type="checkbox"/> Other Process: _____
Equipment Identification:

E. Described Treatment Process	Meets Process	
	Yes	No
Documents are available showing that TERP has evaluated the process.	<input type="checkbox"/>	<input type="checkbox"/>
The above listed process has been validated by an ABC approved Process Authority.	<input type="checkbox"/>	<input type="checkbox"/>
Validation and review has been completed within the appropriate time frame.	<input type="checkbox"/>	<input type="checkbox"/>
The approved treatment processes are being met.	<input type="checkbox"/>	<input type="checkbox"/>
Proper documentation is available and shows that treatment processes are within described and approved limits.	<input type="checkbox"/>	<input type="checkbox"/>

F. Observations
Non-Conformities and Corrective Action Requests attached Yes <input type="checkbox"/> N/A <input type="checkbox"/>

G. Certification
I have reviewed the above described Salmonella treatment processes for raw almonds and do hereby state that on the above date the processes
<input type="checkbox"/> are being followed <input type="checkbox"/> are not being followed, as validated.
Signature: _____
Office: _____
Phone: _____