

## SHELL EGG INSPECTION

|   |                |                            |                 |  |                               |  |                         |
|---|----------------|----------------------------|-----------------|--|-------------------------------|--|-------------------------|
| <b>1. DATE OF REPORT</b>                                      |                | <b>2. SHIPMENT ARRIVAL</b> |                 | <b>3. CONTRACT NUMBER</b>                            |                               | <b>4. INSPECTION POINT</b>               |                         |
|   |                | a. DATE                    | b. TIME         |  |                               |  |                         |
| <b>5. INSPECTION ACTIVITY</b>                                 |                |                            |                 | <b>6. SHIPPED TO</b>                                 |                               |  |                         |
| a. NAME   |                |                            |                 | a. NAME  |                               |  |                         |
| b. ADDRESS <i>(Street, City, State and Zip Code)</i>          |                |                            |                 | b. ADDRESS <i>(Street, City, State and Zip Code)</i> |                               |  |                         |
| <b>7. CONTRACTOR DATA</b>                                     |                |                            |                 | <b>8. PLANT DATA</b>                                 |                               |  |                         |
| a. NAME   |                |                            |                 | a. NAME  |                               |  |                         |
| b. ADDRESS <i>(Street, City, State and Zip Code)</i>          |                |                            |                 | b. ADDRESS <i>(Street, City, State and Zip Code)</i> |                               |  |                         |
|   |                |                            |                 | c. ESTABLISHMENT NUMBER                              |                               |  |                         |
| <b>9. PRODUCT DESCRIPTION</b>                                 |                |                            |                 |  |                               |  |                         |
| a. NSN  |                |                            | b. GRADE        |  | c. WEIGHT CLASS               |  | d. CONDITION            |
| e. PACK PER CASE  |                | f. LOT SIZE (DZ)           | g. DATE OF PACK |  | h. USDA CERTIFICATE NUMBER(S) |  |                         |
| <b>10. CONVEYANCE NUMBER</b>                                  |                | <b>11. SEAL NUMBERS</b>    |                 | <b>12. STAMP NUMBER</b>                              |                               | <b>13. DATE OF STAMP <i>(Julian)</i></b> |                         |
| <b>14. TEMPERATURES</b>                                       |                |                            |                 |  |                               |  |                         |
| a. OPENING  |                | b. CLOSING                 | c. STORAGE      |  | d. INDIVIDUAL INTERNAL EGG    |  | e. AVERAGE INTERNAL EGG |
| <b>15. NUMBER OF SAMPLE CASES INSPECTED</b>                   |                |                            |                 | <b>16. TOTAL NUMBER OF CASES IN SHIPMENT</b>         |                               |  |                         |
| <b>17. EGG BREAKDOWN</b>                                      |                |                            |                 |  |                               |  |                         |
| a. LOT AVERAGE TOLERANCES                                     |                |                            |                 | b. INDIVIDUAL CASE TOLERANCES                        |                               |  |                         |
|   |                | (1) MIN                    | (2) MAX         | (3) ACTUAL   | (1) UNDER                     | (2) %                                    | (3) QUALITY             |
| Q<br>U<br>A<br>L<br>I<br>T<br>Y                               | (a) AA         | %                          | %               | -  | %                             |  |                         |
|   | A              | %                          | %               | -  | %                             | (4) OVER                                 | (5) %                   |
|   | B              | %                          | %               | -  | %                             | (6) OVER                                 | (7) %                   |
|   | Check          | %                          | %               | -  | %                             | (8) OVER                                 | (9) CHECK QUALITY       |
|   | Dirty          | %                          | %               | -  | %                             |  |                         |
|   | Leaker         | %                          | %               | -  | %                             | (10) UNDER                               | (11) NET                |
|   | Loss (LS only) | %                          | %               | -  | %                             |  |                         |
|   | LS Loss        | %                          | %               | -  | %                             | (12) OVER                                | (13) %                  |
|   | Other Loss     | %                          | %               | -  | %                             | (14) UNDERWEIGHTS                        |                         |
| B*  | %              | %                          | -               | %  | c. OTHER LOSS BREAKDOWN       |  |                         |
| (b) Shortage  | %              | %                          | -               | %  |                               |  |                         |
| (c) Individual Underweights                                   | %              | %                          | -               | %  |                               |  |                         |
| (d) Net Weight  | %              | %                          | -               | %  |                               |  |                         |
| <b>18. REMARKS</b>  |                |                            |                 |  |                               |  |                         |
|   |                |                            |                 |  |                               |  |                         |
| <b>19. QUALITY ASSURANCE REPRESENTATIVE</b>                   |                |                            |                 |  |                               |  |                         |
| a. TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i> |                |                            | b. RANK/GRADE   |  | c. SIGNATURE                  |  | d. DATE SIGNED          |

INSPECTION WORKSHEET FOR INDIVIDUAL SAMPLE CASES OF SHELL EGGS

| EGG QUALITY (100 INDIVIDUAL EGG SAMPLE) |   |   |   |       |       |        |              |            | ADDITIONAL TOLERANCES |                        |          |                 |              |                |
|---|---|---|---|-------|-------|--------|--------------|------------|-----------------------|------------------------|----------|-----------------|--------------|----------------|
| Case No.                                |   | A | B | Check | Dirty | Leaker | Loss LS Only | Loss Other | B*                    | Dirty Leaker Loss (LS) | Shortage | Indiv. Underwt. | Case Net Wt. | Internal Temp. |
| 1                                       |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| 2                                       |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| 3                                       |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| 4                                       |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| 5                                       |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| Case Avg.                               | % | % | % | %     | %     | %      | %            | %          | %                     | %                      | %        | %               | %            |                |
| TOTAL                                   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
|   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| TOTAL                                   |   |   |   |       |       |        |              |            |                       |                        |          |                 |              |                |
| Case Avg.                               | % | % | % | %     | %     | %      | %            | %          | %                     | %                      | %        | %               | %            |                |

LOSS SYMBOLS

- |                  |                       |                 |
|------------------|-----------------------|-----------------|
| MIXED ROT - MR   | BLOOD RING - BR       | STUCK YOLK - SY |
| SOUR ROT - SF    | BLOODY WHITE - BW     | MOLDY - MLDY    |
| BLACK ROT - BLRT | LARGE BLOOD SPOT - LS | COOKED - CE     |
| GREEN WHITE - GW | LARGE MEAT SPOT - LS  | FROZEN - FZ     |

REMARKS

\*THE TOTAL NUMBER OF B\* QUALITY EGGS MUST BE INCLUDED WITH THE FINAL TOTAL OF B QUALITY EGGS.