

INSPECTION
Product Check-Off Sheet

Firm: _____ Est. #: _____ Page: _____ of _____

Product Code: _____ Date: _____ Inspector: _____

Product Name: _____

Outline Approved: _____ Pages Revised _____

Selected Serials

No 1.

No. 2

Serial Number: _____

Seed Identification: _____

Seed Lot Number: _____

Bulk Lot Number: _____

Inoculation Date: _____

Harvest Date/Amount: _____

Pooling Date/Amt.: _____

Batching Date/Amt.: _____

Filling Date/Size: _____

Filling Amount: _____

Lyophilization Date/Amount: _____

Label Date/Amount: _____

Expiration Date Check: _____

Sterility ON/OFF: _____

Safety ON/OFF: _____

Potency ON/OFF: _____

APHIS Release By/Date: _____

Firm Release By/ Date: _____

Inventory from APHIS 2008: _____

Firm's Inventory to Shipping: _____