



**INSPECTION REPORT**

3684 cust\_id  
162599 insp\_id  
21327 site\_id

**S & S FARMS**

**Customer ID: 3684**  
**Certificate: 93-A-0218**

**1650 WARNOCK RD.**  
**RAMONA, CA 92065**

**Site: 001**  
**S & S FARMS**

**Inspection**  
**Type: ATTEMPTED INSPECTION**  
**Date: MAR-02-2004**

**2.126 ( a ) ( 1 )**  
**ACCESS AND INSPECTION OF RECORDS AND PROPERTY.**

(a) Each dealer, exhibitor, intermediate handler, or carrier, shall, during business hours, allow APHIS officials. (1) To enter its place of business; (2) To examine records required to be kept by the Act and the regulations in this part;

-There was only one personnel at time of attempted inspection, 0900. I was told he was at the middle of cleaning and feeding approximately 800 pigs. He suggested to come after 1200.  
Compliance of the Act can not be determined at this time. CORRECT BY NEXT INSPECTION.

Please fill out the enclosed Hours of Inspection Form and send to:

AC Western Region  
2150 Centre Avenue, Bldg. B  
Mail Stop #3W11  
Fort Collins, CO 80526-8117

This will help establish a window for our routine inspections.

**Prepared By:**

*Manuel Adviento*  
MANUEL ADVIENTO, V. M. O. , USDA, APHIS, Animal Care

**Title:** VETERINARY MEDICAL OFFICER , Inspector ID: 5001

**Date:**  
MAR-02-2004

**Received By:**

SENT BY CERTIFIED MAIL #  
**Title:** 70003 2260 0003 8720 9911

**Date:**  
MAR-02-2004

MAR 2 2004

93-A-0218  
3684  
1128 Fpt  
3/2/04

7003 2260 0003 8720 9911

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

93A0218  
3/2/04

(b)(6), (b)(7)c

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SYS FARMS**  
**1650 WARNOCK RD.**  
**RAMONA, CA. 92065**

ATTN:  
(b)(6), (b)(7)c

**COMPLETE THIS SECTION ON DELIVERY**

(b)(6), (b)(7)c

Agent  
 Addressee

C. Date of Delivery  
**3/4/04**

If YES, enter delivery address below:  Yes  No

**MAR - 8 2004**

3. Service Type
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7003 2260 0003 8720 9911**