According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average 0.15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0013 EXP: 03/2027

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

## CENTER FOR VETERINARY BIOLOGICS (CVB) INSPECTION AND COMPLIANCE FACILITY DOCUMENT SUBMISSION WORKSHEET

All buildings, appurtenances, and equipment used in the preparation of biological products shall be in compliance with Title 9, Code of Federal Regulations, Part 108, Facility Requirements for Licensed Establishments. Completion of this worksheet facilitates review of facility documents submitted to CVB Inspection and Compliance.

Requirements for Licensed E	stablishments. C	ompletion of this works	heet facilitates rev	riew of facility d	locuments subn	nitted to CVB In	spectio	n and Complia	nce.	
1. USDA VETERINARY BIOLOGICS ESTABLISHMENT		2. ESTABLISHMENT SITE ADDRESS RELATED TO SUBMISSION	A. ESTABLISHMENT NAME		E	B. ADDRESS				
NUMBER			C. CITY			D. STATE	E. COUNTRY F		F. ZIF	F. ZIP CODE
3. DATE SUBMITTED							<u> </u>			
			4. DOCUMENT	S SUBMITTED	)					
A. TYPE OF DOCUMENT				B. COMMENTS						CVB USE ONLY
		5. MISCEL	LANEOUS DOCU	JMENT TYPE (r	not listed above)					
COMMENTS     (Include pertinent information is maximum 200 characters. Do information found elsewhere of the control of t	not repeat									
7. SUBMITTER SIGNATURE (or liaison/alternate liaison)  A. SIGNATURE								B. DATE		
			FOR CVB	USE ONLY				<u> </u>		
8. MAIL LOG NUMBER										
9. CVB ACTION		A. DOCUMENT	REVISIONS REQUESTED					CUMENTS RETURNED		
10. APHIS REPRESENTATIVE SIGNATURE A. SIGNATURE.					B. DATE					