Product Code: ______________ True Name: ____________________________

Firm: __________________________ Reviewer: _______________________

Master Seed: __________________________

SIF Review: Mail Log #(_s) __________________________
Received by CVB ______________ By RM ______________
Reply to Reviewer, Section Leader(s) __________________________
If additional data needed, date received ______________________
If additional data needed, date processed by RM ____________________

IBC Application: IBC No. __________
Submitted ______________ Approval received ________________________

SIF/RA Worksheet Info to LIE Staff for database entry ______________________

Master Seed: Special Request #(_s) ______________ Test Plan Done: ____________
Approval to submit sent to firm __________________________
Testing completed by lab __________________________
Approved by Reviewer __________________________

Risk Analysis: Mail Log # __________ Received by CVB _________ By RM _________
Reviewed by RM ______________ Revised? ____________
Approved as adequate by RM __________________________
CBI-deleted RA received by CVB ______________ By RM ______________

Review of Documents Available to Public including Federal Register Notice (FRN)
RM prepares draft FRN, EA, FONSI __________________________
Trial States & species __________________________
Drafts to Reviewer & to firm for CBI check ___________ OK’d __________
Drafts reviewed for program consistency __________________________

Federal Registry Notice (+ EA, CBI+ RA): Docket No. ______________
Submitted to Operations Support Staff __________________________
Publication date approved __________________________
Published in Federal Register __________________________
Comments due __________________________ # Received __________________
Comments reviewed __________________________
FONSI signed by PEL-Director (copy to firm) __________________________

SIF/RA Worksheet Info to LIE Staff for database entry ______________________

Final SIF (with field trial data included) filed __________________________

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