



**NOTICE OF INTENT TO DELIST**

Establishment No.	Date of USDA review	Report of compliance must be delivered to USDA by date <sup>1</sup>

**FOLLOW-UP TO CVS Task 3301 DATED:**

Title	Date	Name of responsible person	Signature
Inspector in Charge			
Designated CFIA supervisor			
MPD representative			

**ACTION PLAN**

**Prepared by the operator**

Date	Name of responsible person	Signature

**Reviewed by IIC**

Date	Corrective action measures found acceptable	Signature

**Establishment reviewed by designated CFIA supervisor**

Date	Corrective action measures implemented/ establishment found acceptable	Signature

**Area Office**

Date	Documentation reviewed, found satisfactory and forwarded to Ottawa to the Director of MPD	Signature



<sup>1</sup> Information to be provided includes: action plan by operator, IIC and supervisor confirmation that all deviations were corrected.