# Voluntary National Retail Food Regulatory Program Standards - Appendix I

## Appendix I - FDA National Registry Report

<table>
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<tr>
<th>Jurisdiction Reporting</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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To:  
**John Powell**  
FDA Regional Retail Food Specialist

To:  
John Powell  
FDA Regional Retail Food Specialist

**Date:**  

**Enrollment Only:** X  
**Self Assessment:** X  
**Verification Audit:** [ ]  
**Baseline Survey:** [ ]

<table>
<thead>
<tr>
<th>Standard #</th>
<th>Self Assessment: X</th>
<th>Verification Audit: [ ]</th>
<th>Baseline Survey: [ ]</th>
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**Survey Audit Confirmed:** [ ]  
**Risk Reduction Confirmed**  
Yes: [ ]  
No: [ ]

**Self Assessment Completed by:**  
**Name (printed)** [ ]  
**Signature** [ ]  
**Title** [ ]  
**Agency** [ ]

**Verification Audit Completed by:**  
**Name (printed)** [ ]  
**Signature** [ ]  
**Title** [ ]  
**Agency** [ ]

**Baseline Survey Completed by:**
### Baseline Survey-Update Completed by:

<table>
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<tr>
<th>Name (printed)</th>
<th>Signature</th>
<th>Title</th>
<th>Agency</th>
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</table>

### Action Plan Completed by:

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<tr>
<th>Name (printed)</th>
<th>Signature</th>
<th>Title</th>
<th>Agency</th>
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Public reporting burden for this collection of information is estimated to average 92 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, Office of Food Safety, Retail Food and Cooperative Programs Coordination Staff (HFS – 320), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Signed Affidavit of Permission to Publish in National Registry transmitted with this report?**

Yes: X  
No: ☐

<table>
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<tr>
<th>Program Manager Name: (print)</th>
<th>Signature of Program Manager:</th>
<th>Date</th>
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**FDA FORM 3519**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION  
RELEASE RECORD AND AGREEMENT - PERMISSION TO PUBLISH IN NATIONAL REGISTRY

I, the undersigned, am enrolling [HD name] as participant in the Draft Voluntary National Retail Food Regulatory Program Standards.

I, the undersigned, confirm, that a Self-Assessment of the [HD name] Retail Food Program has been completed in accordance with the U.S. Food and Drug Administration (FDA) Draft Voluntary National Retail Food Regulatory Program Standards on [same as on front].

I, the undersigned, confirm that______________________________ (Name of Jurisdiction)
has completed a baseline survey on the occurrence of foodborne illness risk factors.

I, the undersigned, confirm, that I have:

- X Requested Michigan Department of Agriculture (Auditor) to perform a Verification Audit of the above-named Retail Food Program Self-assessment.
- X Reviewed and agree with the findings of the Verification Audit report dated __.
- X Requested that the Auditor forward the Verification Audit report, dated __, to the FDA.

On behalf of the state or local regulatory agency, permission is hereby granted to publish the following in the FDA National Registry of Retail Food Protection Programs via the Internet:

- X Enrollment information
- X Self-Assessment findings
- X Baseline survey completion date and trend, if applicable
- X Verification Audit findings

Public reporting burden for this collection of information is estimated to average less than 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Food and Drug Administration, Food and Drug Administration, Office of Food Safety, Retail Food and Cooperative Programs Coordination Staff (HFS – 320), CFSAN, 5100 Paint Branch Parkway, College Park, Maryland 20740. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Signed: __________________________  Title: __________________________

Jurisdiction: __________________________  Date: __________________________