



**Cooperative Interstate Shipment (CIS) Program Application  
Iowa Meat and Poultry Inspection Bureau (IMPIB)**

**Selected Establishment Checklist – Completed by Establishment**

| ESTABLISHMENT INFORMATION  |                                  |  |
|--|----------------------------------|--|
| Est. Name:   | Est. Number:                     |  |
| Est. Address:  | Est. Contact Name:               |  |
| Est. Contact Phone Number:   | Est. Contact Email Address:      |  |
| EMPLOYEES  |                                  |  |
| Average number of employees per pay period over past 12 months: _____                    |                                  |  |
| Maximum number of employees per pay period over past 12 months: _____                    |                                  |  |
| <input type="checkbox"/> Average number of employees is < 25 over a twelve month period. |                                  |  |
| <input type="checkbox"/> Maximum number of employees is < 35 for any given pay period.   |                                  |  |
| HACCP PLAN CATEGORIES FOR COOPERATIVE INTERSTATE SHIPMENT PROGRAM                        |                                  |  |
| <input type="checkbox"/> Slaughter (list all species):                                   | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Raw product – intact  | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Raw product – non intact  | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Thermally processed – commercially sterile                      | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Not heat treated – shelf stable                                 | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Heat treated – shelf stable                                     | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Fully cooked – not shelf stable                                 | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Heat treated but not fully cooked – not shelf stable            | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Product with secondary inhibitors – not shelf stable            | Currently active?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Species being further processed under CIS – <b>check all that apply:</b>                 |                                  |  |
| <input type="checkbox"/> Red Meat  | <input type="checkbox"/> Poultry |  |
| AUTHORIZATION  |                                  |  |
| Applicant Name:  | Applicant Signature:             | Date:  |

This is an equal opportunity program. If you believe you have experienced discrimination because of race, color, national origin, age, sex, or disability immediately write USDA-OASCR, 1400 Independence Ave SW, Washington DC 20250-9410, or email program.intake@usda.gov

# Cooperative Interstate Shipment Program Application

## IMPIB Checklist – Completed by IMPIB Staff

| REGULATORY COMPLIANCE/FSA   |   |
|---|---|
| <input type="checkbox"/> FSA Completed<br><br>Date Completed _____<br><br>FSA Conducted By: _____   | 9 CFR 416 (SPS, SSOP)<br><br>9 CFR 417 (HACCP)<br><br>9 CFR 418 (Recall plans)<br><br>Written Food Defense Plan (Voluntary)   |
| LABELING  |   |
| <input type="checkbox"/> Master Label for CIS Submitted<br>Date Submitted _____<br><br>Master Label Number _____<br><br><input type="checkbox"/> List of Formulations for CIS Submitted<br>Date Submitted _____ | Submitted all labeling materials per:<br><br>9 CFR 316<br><br>9 CFR 317<br><br>9 CFR 319<br><br>9 CFR 381   |
| ADMINISTRATIVE PROCEDURES   |   |
| <u><b>DATE RECEIVED BY IMPIB:</b></u><br><br><br><br><br>   | Has this establishment been under USDA inspection at any time as of June 18, 2008?<br><br>Did this establishment have more than 35 employees as of June 18, 2008?<br><br>Is the establishment in good standing with IMPIB at time of application? |
| RECOMMENDATION FOR SELECTION  |   |
| Bureau Chief Signature: _____   | Date: _____   |
| ASSIGNED ESTABLISHMENT NUMBER(S):   |   |

## **Instructions for completing Cooperative Interstate Shipment Program Application:**

### **Sections Completed by Establishment**

Establishment Information: Please enter the name of the establishment as it appears on your license, including your establishment number and address. The CIS establishment number will be assigned when application is received and provided as part of the CIS label approval process. The Establishment Contact name will be the person that will be working with inspection personnel during the selection process (the Establishment Contact need not be the same person as the Applicant, but should have both a degree of authority and a strong knowledge of the establishment).

Employees: Prepare a list of employees and volunteers whose duties involved the handling of meat or poultry products each pay period over the past 12 months. Volunteers are considered to be employees for the purposes of the CIS program. Employees who do not handle products (e.g. sanitation staff, or strict clerical/administrative work) need not be included. List your average and maximum employee numbers and check the boxes if in compliance. You will need to show documentation of compliance with the average (25) and maximum-per-pay-period (35) employee numbers during the on-site review process (e.g. W2 forms, pay records).

HACCP Plan Categories for Cooperative Interstate Shipment Program: Indicate with a check which HACCP plan category or categories products intended for CIS will be produced. For each, indicate if the HACCP plan is currently active. HACCP plan categories which are currently inactive must be reassessed and reactivated prior to the onsite review process (EIAO visit). New HACCP plans will require review and validation. For slaughter, please list all specific red meat and poultry species that will be slaughtered under CIS. For further processed products, please check all specie groups to be processed under CIS (red meat and/or poultry).

Establishment Authorization: The responsible party (owner and/or manager of the establishment) making the CIS application must sign and date the application either electronically or on a printed copy by pen.

### **Sections Completed by IMPIB**

Regulatory Compliance/FSA: This portion of the application will be reviewed and determined by the Bureau's EIAO officer. This process will be scheduled and conducted once your application has been received by the Bureau.

Labeling: This portion of the application will be completed by the Bureau's labeling staff. Contact the Labeling Coordinator at [Janis.Hochstetler@iowaagriculture.gov](mailto:Janis.Hochstetler@iowaagriculture.gov) to request your current official label resume and your CIS inspection legend(s). You will receive a reply with copies of your label resume, your CIS inspection legend(s), and further detailed instructions that cover master label submission, formulation approvals (current and future), use of claims and brand applications.

Administrative Procedures: Completed by Bureau staff.

### **Once completed, this application can be submitted by mail to:**

Meat and Poultry Inspection Bureau  
Iowa Department of Agriculture and Land Stewardship  
Wallace State Office Building  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319

**OR electronically to the Bureau Chief at:** [Kathryn.Polking@iowaagriculture.gov](mailto:Kathryn.Polking@iowaagriculture.gov)

Upon receipt of this application, IMPIB staff will review the submission. If there are any further questions, a Bureau representative will contact the plant contact identified on this form. Once this application is accepted, the Bureau EIAO officer will schedule an FSA (Food Safety Assessment) with plant contact to continue this application process. The Labeling Coordinator will provide the label resume and example legend to the listed contact (if these have not already been requested). On successful completion of the application and State review process, the Bureau Chief will sign the application and recommend the establishment for Federal review.