



**SPECIALTY CROPS INSPECTION DIVISION
ALMOND SALMONELLA VERIFICATION PROGRAM
TREATMENT PROCESS VERIFICATION REPORT**

A. Verification		
Start Time:	Date:	
Certificate No.:	Hours:	Miles:

B. Processor Name & Address
Company Name:
Address:
Company Contact Name:
Phone:
Email:

C. Name & Address (if different from A.)
Company Name:
Address:
Company Contact Name:
Phone:
Email:

D. Treatment	
Treatment Process Location:	
Treatment Process:	
<input type="checkbox"/> Blancher	<input type="checkbox"/> Oil Roaster
<input type="checkbox"/> Other Approved Process: _____	<input type="checkbox"/> Dry Roaster
	<input type="checkbox"/> Other Process: _____
Equipment I.D.:	Serial No.:
Validation No.:	Validation Date:

E. Described Treatment Process	Meets Process	
	Yes	No
Documents are available showing that TERP has evaluated the process.	<input type="checkbox"/>	<input type="checkbox"/>
The above listed process has been validated by an ABC approved Process Authority.	<input type="checkbox"/>	<input type="checkbox"/>
Validation and review has been completed within the appropriate time frame.	<input type="checkbox"/>	<input type="checkbox"/>
The approved treatment processes are being met.	<input type="checkbox"/>	<input type="checkbox"/>
Proper documentation is available and shows that treatment processes are within described and approved limits.	<input type="checkbox"/>	<input type="checkbox"/>

F. Observations (include Lot I.D.)
Non-Conformities and Corrective Action Requests attached Yes <input type="checkbox"/> N/A <input type="checkbox"/>

G. Certification
I have reviewed the above described Salmonella treatment processes for raw almonds and do hereby state that on the above date the processes <input type="checkbox"/> are being followed <input type="checkbox"/> are not being followed, as validated.
Signature: _____ Print Name: _____
Office: _____ Phone: _____
Email: _____