

SPECIALTY CROPS INSPECTION DIVISION WAREHOUSE APPROVAL CHECKLIST FOR THE SUPER-LOT INSPECTION PROGRAM

SECTION I:	WAREHOUSE INFORMATION			
NAME OF WAREHOUSE:		DATE	:	
NAME OF WAREHOUSE CONTACT:	POSITION:			
TO THE ST WITH EITHER SECTION AND THE SECTION	T COMMON.			
HONE: EMAIL:				
SECTION II: TA	BLE GRAPE INSPECTION TABLES			
Conforms?	SEE CHAILE ING. EGHON TABLES	Yes	No	N/A
Inspection tables must be adequate to hold samples/containers for both small and large numbers of samples. Tables must be 36 inches high and a minimum of 24 inches deep. Each full load will require 27 feet of table length. A full load of table grapes will require 20 samples. For multiple inspections performed at the same time, each load will require 27 feet.				
Super lots consisting of 3 Customs Entry Numbers. Tables must be 36 inches high, a minimum of 24 inches deep, and should be able to accommodate a minimum of 96 samples.				
Super lots consisting of 2 Customs Entry Numbers. Tables must be 36 inches high, a minimum of 24 inches deep, and should be able to accommodate a minimum of 80 samples.				
SECTION III:	TOMATO INSPECTION TABLES			
Conforms?		Yes	No	N/A
Inspection tables must be adequate to hold samples/containers for both small and large numbers of samples. Tables must be 36 inches high and a minimum of 24 inches deep. Each full load will require 18 feet of table length. A full load of tomatoes will require 16 samples. For multiple inspections performed at the same time, each load will require 18 feet.				
Super lots consisting of 3 Customs Entry Numbers. Tables must be 36 inches high, a minimum of 24 inches deep, and should be able to accommodate a minimum of 64 samples.				
Super lots consisting of 2 Customs Entry Numbers. Tables must be 36 inches high, a minimum of 24 inches deep, and should be able to accommodate a minimum of 42 samples.				
SECTION IV: DESIGNATED OFFICE AREA				
Area should be clean, safe, and secure and include:		Yes	No	N/A
Drinking water				
Access to clean and equipped bathrooms				
Desk and chairs				
Trash receptacles				
SE	ECTION V: REMARKS			
REVIEWER'S NAME	REVIEWER'S SIGNATURE	DATE		
REVIEWER 5 SIGNATURE		DATE		