



SPECIALTY CROPS INSPECTION DIVISION
OPTIONAL MONTHLY AND FOUR MONTH CYCLE REVIEW PROGRAM SUBMISSION WORKSHEET

FIELD OFFICE _____ **START DATE** _____ **END DATE** _____

PRODUCT	APPLICANT OR PLANT	TYPE OF INSPECTION	INSPECTOR	GRADE ASSIGNED	FIELD OFFICE REVIEW					
					DATE REVIEWED	GRADE ASSIGNED	SUPERVISOR INITIALS	SUPPORTING DOCUMENTS FOR INSPECTOR (Yes/No)	SUPPORTING DOCUMENTS FOR SUPERVISOR (Yes/No)	CORRECTIVE ACTION (Yes/No)