



Meat Label Approval Application

This form may be completed electronically and emailed for preliminary submission and review.

Submit TWO signed paper copies of this form for final approval.

Establishment Name: _____

Establishment Address: _____

Establishment Phone: _____ Contact Person _____

Category of Label Submitted:

State-Inspected

Custom Exempt

Retail Exempt

Establishment Number (State -Inspected Plants): _____

Is this a: New product label application?

Replacement of approved label?

Date of prior approval _____

Is this a repackaged product originally made under federal inspection: Yes No

Product Name: _____

Type of Casing, if applicable: _____

Species of Natural Casing: _____

How will this product be packaged?

Paper

Vacuum Packaged

Styrofoam Tray Overwrap

Other: _____

Will this product be packaged as:

Exact Weight (all packages weigh the same)

Random Weight (packages vary in size and contents)

Mark all major food allergens contained in product formulation:

Wheat

Soy

Fish

Shellfish

Peanuts

Tree nuts

Milk

Eggs

How will lot codes be determined and displayed?

Is there an approved HACCP plan for this product?

Yes

No

Product Formula: List all ingredients by weight/percentages, in descending order, including batch size. If using multi-ingredient items (i.e. meat cure, seasoning mixes, cheese, etc.) attach a copy of product ingredient label (brand name and ingredient statement) to this application.

Method of Preparation: Describe how this product will be made or attach critical limit pages of approved HACCP that includes cooking / processing schedules, time and temperature and product cooling methods, if applicable.

Affix or paste (actual-sized electronic copy is acceptable) a copy of the product labels and any additional required labeling (i.e. safe handling label) here:

Tracking and preliminary approval (all dates and signatures are required):

Date of Application: _____ By: _____ (Establishment Operator)

Date Reviewed: _____ By: _____ (CHS Inspector in Charge)

Date of Receipt: _____ By: _____ (Label Officer or Assistant)

Date of Review: _____ By: _____ (Label Officer or Assistant)

Action Taken:

Returned to Plant with Memo Date Returned _____

Forwarded to Label Officer for Final Approval Date Forwarded _____

Final Approval: by: _____ Meat Label Review Officer Date: _____

Approval Signature:

CHS Master File Cheyenne: Original
Label Review Officer File: Electronic Version/
Copy as applicable.
IIC's Approved Label File: Original
Establishment Plant's Business File: Electronic
Version

This form is approved for use and 3/8/2018

