



OHIO DEPARTMENT of AGRICULTURE
DIVISION of MEAT INSPECTION

MI-9

JUNE 2000

*DISTRICT APPROVED LABEL NUMBER : _____

LABEL SUBMITTED FOR:		
<input type="checkbox"/> EXTENDS OR REVISES APPROVAL	<input type="checkbox"/> SUPERSEDES APP:	TYPE LABELING BEING SUBMITTED:
<input type="checkbox"/> RELATES TO AN APP. SKETCH WITH DATE: _____		
EXTENDED USAGE OF LABEL:	PRODUCT NAME:	
ESTABLISHMENT NAME:	ESTABLISHMENT REP. SIGNATURE:	
INSPECTORS SIGNATURE:	DATE:	
HACCP CATEGORY, IE...(RAW GROUND) :		
COMMENTS :		
DISTRICT:	SUPERVISOR /VETERINARIAN VERIFICATION:	DATE APPROVED: