518-001 (Rev. 05/09/17)

# State of California, Department of Food and Agriculture

### Animal Health and Food Safety Services, Egg Safety and Quality Management Program

### Shell Egg Food Safety (SEFS) Pre-Audit/Enclosure Questionnaire

Company Name:		CA#	SE Admin:				
Company address:			Phone:	Fax:			
Function:	☐ Producer ☐ Proce	ssor	Email:				
Site Name		CA#	Contact:				
Site Address:			Phone:	Mobile:			
Function:	☐ Producer ☐ Proce	ssor	Email:				

# California Shell Egg Food Safety Regulations

#	Question	Reference	Yes	No	Comment
Poultry	Disease Information				
1.a	Have you had any positive SE (egg or environmental) samples since the last inspection?				*If yes, please explain:
1.b	Has your facility had any infectious poultry diseases (i.e. Avian Influenza, Exotic New Castle,etc) since the last CDFA inspection?				*If yes, please explain:
2	Are you aware of any neighboring poultry facilities in a 20 km radius that has had any infectious poultry diseases?				*If yes, please explain:
Flock In	formation	,		•	
3.a	Where are eggs from this location processed and packed?				
3.b	Do you induce molting? If so, do you withdraw food and/or water?				
4	Are ALL shell eggs from your laying hens <u>pasteurized or otherwise treated to achieve 5 log reduction</u> to reduce the risk of Salmonella Enteritidis (SE) consistent with FDA standards? (does not include washing/ processing)	CCR § 1350 (b) 21 CFR Part 118.3			
5	Is your company's total flock size of laying hens less than 3,000?				
6	If cage free, are you UEP, AHA, or HFAC certified? (please list date certified)				
Environ	mental SE Tests				
7.a	Have your SE prevention measures been implemented in accordance with FDA?	CCR			
7.b	Are you registered with the FDA? If so, please provide your registration number and date of your last FDA inspection.	§ 1350 (c) (1) 21 CFR			
7.c	Has the FDA issued any 483 letters, or any other warning letters, to your location(s) which have not been corrected?	Part 118			
8	Have your chick papers and environment been tested for SE as required?	CCR § 1350 (c) (2)			
9	Has SE environmental sampling testing been performed as required at your location(s)?	CCR § 1350 (c) (2)			

## State of California, Department of Food and Agriculture Animal Health and Food Safety Services, Egg Safety and Quality Management Program

### Shell Egg Food Safety (SEFS) Pre-Audit/Enclosure Questionnaire

#	Question	Reference	Yes	No	Comment
SE Vac	cination Program				
10	Has your company implemented a SE vaccination protocol or program?	CCR § 1350 (c) (3)			
	ration and Enclosure				
11	Does your company have any additional layer locations that provide eggs to California? Are they registered?	CCR § 1358.3			
12.a	How many houses are producing CA SEFS Compliant eggs?	CCR § 1350 (d)			
12.b	Have you added any new layer locations since the last SEFS Audit?	CCR § 1350 (d)			
13	What cage types are there at this facility? (Caged, Colony Cages, Enriched Colony Cages, Cage Free, Aviary, Pasture Raised, Other)	CCR § 1350 (d)			
14	Size and number of cages in a house?	CCR § 1350 (d)			
15	Number of birds per house?	CCR § 1350 (d)			
<b>Biosec</b>	urity Protocol				
16	How many hours do you require between visits from another egg or poultry- related facility to your premises? Please also disclose if you have special biosecurity protocols (e.g. Shower in/out, vehicle wash station, etc.)				
17	Will you be able to provide a reasonably safe work area and provide a company representative to accompany the auditor?				
18	Will you have available; flashlight, tape measure, and step ladder, in order to examine selected houses?				
	ement and Labeling				
19.a	Do you have a written segregation plan detailing how you plan to prevent comingling of California compliant/non-compliant /SE positive/diverted eggs?	CCR § 1350			
19.b	Do your enclosures for California compliant birds meet CDFA space requirements?	CCR § 1350 (d) (1)			
19.c	Are your California eggs compliant with labeling regulation requirements (effective 1/1/15)?	CCR § 1350 (d)			
	nia Egg Quality Assurance Plan (CEQAP)				
20	Is your company a participant of the CEQAP program? If so, please list the date of the last inspection. ( <i>Applicable to California Companies Only</i> )	Voluntary			

# State of California, Department of Food and Agriculture Animal Health and Food Safety Services, Egg Safety and Quality Management Program

#### Shell Egg Food Safety (SEFS) Pre-Audit/Enclosure Questionnaire

Site N	Site Name:						<u>CA#</u>							
#														
CA SE		oliant Flock Inf												
Please provide flock information for all flocks which meet the following classifications:  3000 or more birds  Non-pasteurized eggs sold in California  You may fill in the table below, or attach a separate document (that includes all data listed below).														
#	ID.	Hatch Date	Flock Size	weeks of age	#	ID.	Hatch Date	Flock Size	weeks of age	#	ID.	Hatch Date	Flock Size	weeks of age
1					19					37				
2					20					38				
3					21					39				
4					22					40				
5					23					41				
6					24					42				
7					25					43				
8					26					44				
9					27					45				
10					28					46				
11					29					47				
12					30					48				
13					31					49				
14					32					50				
15					33					51				
16					34					52				
17	_				35					53				
18					36					54				

SE Plan Administrator Signature	Date	

Send Reply to: Kim Ellis, Shell Egg Food Safety (SEFS) Coordinator,

California Dept of Food and Agriculture - Egg Safety and Quality Management Branch 1220 N Street, Sacramento, CA 95814

E-mail: kim.ellis@cdfa.ca.gov; Phone: 916-900-5312; Fax: 916-900-5359