

TITLE 3. FOOD AND AGRICULTURE

NOTICE OF TWO DOCUMENTS ADDED TO THE RULEMAKING FILE

NOTICE IS HEREBY GIVEN that the Department of Food and Agriculture (Department), Meat, Poultry and Egg Safety (MPES) Branch, has added Form 79-018 (Rev. 08/11), Application For Permit To Remove Inedible Materials From A Rendering Plant and ACORD Form 25 Certificate of Liability Insurance (2001/08) to its rulemaking file. The rulemaking file pertains to the proposed action described in the Informative Digest published in the California Regulatory Notice Register on February 18, 2011 [Notice File No. Z2011-0208-14, Register 2011, No. 7-Z] relating to the MPES Rendering Program.

The Form 79-018 and ACORD Form 25 has been added to the rulemaking file pursuant to Government Code sections 11346.8(d), 11346.9(a)(1) and 11347.1. The Form 79-018 and ACORD Form 25 is available for public inspection at the MPES headquarters office located at 2800 Gateway Oaks, Sacramento, California, from January 9, 2012 and ending January 24, 2012, between the hours of 8:00 a.m. and 5:00 p.m. The documents are included with this notice and any additional copies may be obtained by contacting the person named in this notice.

Written comments regarding the original proposal.

All written comments already received for this proposal during its original public notification period beginning February 18, 2011 and ending at 5:00 p.m., April 4, 2011, (extended to 5:00 p.m., April 20, 2011 as published in the California Regulatory Notice Register 2011, No. 12-Z, March 25, 2011) will become a part of the Department's official rulemaking file.

Written comments regarding the documents added to the rulemaking file.

If any person wishes to comment on the documents added to the rulemaking file, the written comment must be received or postmarked no later than 5:00 p.m., January 24, 2012 to the following:

Douglas Hepper, DVM, Chief
Department of Food and Agriculture
Meat and Poultry Inspection Branch
1220 N Street
Sacramento, CA 95814

The backup contact person is:

Nancy Grillo, Associate Analyst
Department of Food and Agriculture
Animal Health and Food Safety Services
1220 N Street
Sacramento, CA 95814

All written comments received or postmarked by January 24, 2012 which pertain to the documents added to the rulemaking file will be reviewed and responded to by Departmental staff as part of the compilation of the rulemaking file.

Dated: January 4, 2012


Douglas Hepper, DVM, Chief
Meat, Poultry and Egg Safety Branch

DEPARTMENT OF FOOD AND AGRICULTURE

Meat, Poultry and Egg Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5004
79-018 (Rev. 08/11)

APPLICATION FOR PERMIT TO REMOVE INEDIBLE MATERIALS FROM A RENDERING PLANT

Check one

Routine Removal (Expires 2 years from date of issue)

Mail this application to the Meat, Poultry and Egg Safety Branch Headquarters

Equipment Failure or Power Outage

Submit this application to the Meat, Poultry and Egg Safety Branch. If acceptable, a pre-approved permit will be returned to you and will be kept in a pre-approval status until equipment failure or power outage necessitates temporary activation. See attached instructions to activate the permit.

Catastrophic Event (Unforeseen circumstance e.g. earthquake, severe weather, etc.)

Specify Catastrophic Event _____
Permit for catastrophic purpose is requested to be valid for _____ days.

If more space is needed,
please use the back of this
form

Fax this application to the Meat, Poultry and Egg Safety Branch Headquarters office at (916) 900-5334 prior to shipment. In addition, you may call the Area Supervisor at the phone number listed above to discuss the request prior to shipment.

I hereby apply for a Permit to remove inedible material from the rendering plant named below. Application for the Permit is with the understanding that, according to Section 1180.29 of the California Code of Regulations, Inedible material may only be removed to a site that has been approved in writing by the Department. To prevent its use as human food, this material must be denatured or otherwise identified by approved methods prior to transport.

RENDERING PLANT SHIPPING INEDIBLE MATERIAL:

Rendering Plant Name: _____
Mailing Address: _____
Location Address (if different): _____
Telephone Number: _____ FAX Number: _____
Name of Plant Official: _____
Signature: _____ Date: _____

I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.

DESTINATION(S) RECEIVING INEDIBLE MATERIAL:

Name: _____ Name: _____
Address: _____ Address: _____
Transportation Company: _____ Transportation Company: _____

Description of Inedibles and reason for removal: _____
Description of Inedibles and reason for removal: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Los Angeles
 Office of the City Administrative Officer, Risk Management
 200 North Main Street, Room 1240
 Los Angeles, CA 90012

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.