

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> FOOD AND DRUG ADMINISTRATION		1. DISTRICT ADDRESS AND PHONE NO.	
TO	2. NAME AND TITLE OF INDIVIDUAL		3. DATE
	4. FIRM NAME		5. HOURS
	6. NUMBER AND STREET		A.M.                      P.M.
	7. CITY AND STATE		8. ZIP CODE
Written demand for examination and/or copying of the records required by 21 CFR 113.100, 21 CFR 114 and 21 CFR 500.23 is hereby given, pursuant to 21 CFR 108.25(g), 21 CFR 108.35(h) and 21 CFR 500 for the records described below in order to verify the pH, adequacy of processing, the integrity of container closures, and the coding of the products processed by your firm.			
9. RECORDS NECESSARY			
10. SIGNATURE <i>(Food and Drug Administration Employee(s))</i>			11. TITLE FDA EMPLOYEE