



DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. Food and Drug Administration
Office of Regulatory Affairs



Official Establishment Inventory (OEI) Data Collection Form

Instructions: Fill out the form in its entirety & applicability. See SOP 000051 for definitions, establishment types, industry codes.

FIRM INFORMATION			
1. FEI Number:		2. DUNS Number:	
3. Firm's Legal Name:		4. Doing Business As (DBA):	
5. Firm's Physical Address:			
6. City:	7. State:	8. Zip Code:	9. County:
10. Firm's Mailing Address:			
11. City:	12. State:	13. Zip Code:	14. County:
15. Website:		16. Business Telephone Number:	17. FAX Number:
18. Legal Status Firm: Corporation LLC LP Partnership Owner Government Entity		19. Establishment Size (gross sales/ /food): 19a. Number of Employees:	20. Is this a dual jurisdiction (DJE) food firm between FDA and USDA/FSIS? Yes No
21. Brief Description of Firm's Operation:			
22. Establishment Type/ Industry Code (Check applicable box(es). Document the establishment type(s)/industry code(s) for all activities): Human Animal			
23. Percent Retail (food firms):		24. Percent Wholesale (Total % of firm products that are sold wholesale – food firms only (include intrastate and interstate):	25. Product Turn Around Time to Determine if Firm is a Depot (Food Warehouse Only):
26. Hours of Operation (If seasonal include months):		27. Interstate: Percent Received: Percent Shipped:	
POINT OF CONTACT INFORMATION			
28. Headquarters Inspection Site		29. Point of Contact Name:	30. Title:
31. Phone Number:		32. E-mail Address:	
REGISTRATION INFORMATION			
33. Registration Required: Yes No Voluntary		34. Firm Registered (Data from a Center registration system)? Yes No	
35. Registration Type(s) / most recent registration date (s) (MM/DD/YYYY) from a Center registration system: Biologics: Blood _____ Biologics: Human Tissue _____ Device _____ Drug: CVM _____ Drug: Human _____ GDUFA _____ Medicated Feed _____ Food _____ Egg (SEG) _____ LACF/MA (FCE) _____ Tobacco _____			
RECOMMENDED ACTIONS			
36. Program Risk Identifier (food firms only): OS xx FY xx OEI State – Designated B-Firm Cleanup OO xx FY xx OEI Coordinator-Designated B-Firm Cleanup		37. Recommended Workload Obligation: Yes No Unknown	
		38. Recommended Registration(s) Cancellation:	
39. Operational Status: Operational Seasonal (Start Date: End Date:) Pre-Production Not OEI Inactive Out of Business			

40. Recommended Merge FEI Number(s):	
41. Other Data Corrections Needed (additionally, if any box above contains updated information, document the box number here for review)	
42. Additional Notes/Comments:	
PREPARER'S INFORMATION (required)	
43. Name:	44. Office/Division/District:
45. Phone Number:	46. E-mail:
47. Signature:	48. Date (MM/DD/YYYY):
RECOMMENDING OFFICIAL (Supervisor, Contracting Official, State Liaison, or other Management) (optional)	
49. Name:	50. Office/Division/District:
51. Phone Number:	52. E-mail:
53. Signature:	54. Date (MM/DD/YYYY):
APPROVING OFFICIAL (OEI Coordinator) (optional)	
55. Date FMS updated:	
56. Name:	57. Office/Division/District:
58. Phone Number:	59. E-mail:
60. Signature:	61. Date (MM/DD/YYYY):

NOTE: ORA Program management will determine which signatures are required.

This form should be filed in accordance with a Program's form storage procedure(s).

If no Program form storage procedure(s) exists, ORA management will determine if this form is to be stored in the physical firm jacket (if one exists), in the program's electronic file, in the district's electronic file, in the OEI coordinator's file, or in some other location.