DEPARTMENT OF HEALTH AND HUMAN SERVICES FILED TEST SERIAL NO. (1-8) Print Legibly. Use Black PUBLIC HEALTH SERVICE Ball Point Pen. Enter one FOOD AND DRUG ADMINISTRATION character per box. **GENERAL INFORMATION FIELD TEST RECORD** REGIONAL REVIEW (NAME) (Use Form FDA 2782, Field Test Record Continuation if more space is needed) Card No. (9-10) Facility Identification Name (11-80) 01 Street Address (11-80) 02 City (11-73) State Code Zip Code 03 Room Number (11-37) Telephone Number Person Interviewed (38-56) 04 Surveyor Information Name (Last, First, Middle Initial) (11-67) Accomp. District Accomp. Agency 68 69 05 Signature FDA Region Date (Mo/Day/Yr) **Survey Information** Purpose of Survey I -- Initial Survey C -- Compliance F/U H -- HIA R -- Resurvey A -- Audit 11 Assembler Report Nos. (Letter included) 12 Mo/Day/Yr Installation Previous FTRs Date (5 or 6 digit numbers) System Information Certification C -- System Fully Certified V -- Fully Certified With Variance Status M -- Mixed Certified/Non-Certified N -- Fully Non-Certified 06 Date of Mfr. (Mo/Yr) Control Manufacturer Control Serial No. Unique ID Control Model No. Mfr Code System Maintenance Y -- Yes Who does the compliance Is a maintenance schedule designed N -- No maintenance? for compliance being followed? X -- Unknown M -- Mfr Rep N -- Not Done Is the maintenance schedule available P -- Private X -- Unknown for review? I -- In House 80 Instrumentation MDH Serial No. Digiphot Serial No. Number of Each Form Attached Assembler Data Company 06 Street Address HN City State Home District Assembler Code (Central File No.) J MR

FORM FDA 3071 (10/80)

