



Orthodox Union

INSPECTION REPORT

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Company	R 1150674 RFR: Hollander ****(Belgium), Yisroel	RC: Adler, Menachen
RFR Name	2. visit date: <u>03/18/09</u>	
Ticket Number		
RC Name		

Total Time in Plant:

	YES	NO
Did all ingredients appear on Schedule A with indicated stipulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you make a thorough inspection of all ingredients in the plant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you check all labels in the plant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all products bearing an ® match the Schedule B (including indicated Status)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*If NO, for any of the above, please detail in comment section.		
Are there any changes in the plant that relate to kosher supervision?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If YES, please detail in comment section.		

SPECIAL TASKS:

Detail problems in comment section.

	YES	NO	N/A
Review heat graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review production records to verify correct sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review production records to verify integrity of lines			
For dairy/pareve and/or kosher/non-kosher lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review CIP records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review batch sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review master formula cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review bills of lading for bulk deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify kosher status of carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trace lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

A. Andersson

* Name

*Name of plant personnel that accompanied you and was advised of your report and findings.

[Signature]
Signature