**Finished Product Microbial Evaluation Report (Verification Record)**

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| **Form Title:** Finished Product Microbial Evaluation Report | | | | | |  |  |
| **Firm Name:** | | | **Firm Location:** | | |  |  |
| **Production Identification:** | | | | | |  |  |
| **Verification:** | | | | | |  |  |
| **Date of Sampling** | **Line Number** | **Total Plate Count (cfu/g)** | **Total coliforms (MPN/g)** | ***E. coli* (Pos./Neg.)** | ***S. aureus* (Pos./Neg.)** | ***Salmonella* (Pos./Neg.)** | **Sampler Initials** |
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| **Reviewer Signature:** | | | | **Date of Review:** | |  |  |