

REQUEST FOR AND RESULTS OF TESTS		PAGE NO.	NO. OF PAGES
		1	1
SECTION A - REQUEST FOR TEST			
1. TO: (Include ZIP Code) USDA, FGIS Commodity Testing Laboratory Bldg. 306, Rm. 209 Agricultural Research Center - East Beltsville, MD 20705		2. FROM: (Include ZIP Code) George Smith, OIC FGIS, USDA PO Box 634 Dolton, IL 60419-8419 217-555-1212	
3. PRIME CONTRACTOR AND ADDRESS (Include ZIP Code) Star Industries 2250 E. Lansing Ave. Des Plaines, IL 60018 DLA-137-88-C-0001 CONTRACT NUMBER		4. MANUFACTURING PLANT NAME AND ADDRESS (Include ZIP Code) Allstar Packing 165 W. Pond St. Northlake, IL 60614 P. O. NUMBER	
5. END ITEM AND/OR PROJECT Yellow Cake Mix Type II, Class 1, Style B	6. SAMPLE NUMBER 1	7. LOT NO. 10	8. REASON FOR SUBMITTAL Verification Testing (Reliable)
9. DATE SUBMITTED 6 Oct 89	10. MATERIAL TO BE TESTED End Item		11. QUANTITY REPRESENTED 136,800 lbs. 27,360 cans
12. SPEC. & AMEND AND/OR DRAWING NO. & REV. FOR SAMPLE & DATE MIL-B-44275		13. DATE SAMPLED AND SUBMITTED BY 6 Oct 89/J. S. Hearn, Jr., 1LT	
14. PURCHASED FROM OR SOURCE		14. SHIPMENT METHOD UPS	
15. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS. Moisture testing.			
17. SEND REPORT OF TEST TO Block 2 and DPSC-HQS(T) 2800 S. 20th St. Phila. PA 19101-8419			
SECTION B - RESULTS OF TEST (Continue on plain white paper if more space is required)			
1. DATE SAMPLE RECEIVED		2. DATE RESULTS REPORTED	
		3. LAB REPORT NUMBER	
4. TEST PERFORMED		RESULTS OF TEST	
		SAMPLE RESULT	
		REQUIREMENTS	
DATE	TYPED NAME AND TITLE OF PERSON CONDUCTING TEST		SIGNATURE

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SECTION A. REQUEST FOR TEST					
1 TO: (Include ZIP Code) Commander, DPSC ATTN: DPSC-POL 2800 So. 20th St. Phila., PA 19101-8419			2 FROM: (Include ZIP Code) John Jones, OIC USDA, AMS, PV Div., PFB 32 W. 3rd. St., Rm. 212 Yakima, WA 98901-8999 206-555-1212		
3. PRIME CONTRACTOR AND ADDRESS (Include ZIP Code) Green River Foods, Inc. P.O. Box 338 Green River, WA 98942 DLA-13H-88-C-0210 CONTRACT NUMBER			4. MANUFACTURING PLANT NAME AND ADDRESS (Include ZIP Code) Green River Foods, Inc. Lost Creek, Rd. Westover, WA 98931 P O NUMBER		
5. END ITEM AND/OR PROJECT Tomato Catsup		6. SAMPLE NUMBER 1	7. LOT NO 8081	8. REASON FOR SUBMITTAL COC (Reliable)	9. DATE SUBMITTED 6 Oct 89
10. MATERIAL TO BE TESTED Type II Strapping, non-metallic (unit load)	10a. QUANTITY SUBMITTED 3-6 1/2 feet sections	11. QUANTITY REPRESENTED 25 coils (8,000 cases)	12. SPEC. & AMEND AND/OR DRAWING NO. & REV FOR SAMPLE & DATE MIL-L-35078 I/General PPP-5-760B		
13. PURCHASER NAME OR SOURCE Star Strapping Yakima, WA		14. SHIPMENT METHOD Parcel Post	15. DATE SAMPLED AND SUBMITTED BY 6 Oct 89/V. S. Florence, CPT		
16. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS 					
17. SEND REPORT OF TEST TO Block 2 and DPSC-HQS(T) 2800 S. 20th St. Phila., PA 19101-8419					
SECTION B - RESULTS OF TEST (Continue on plain white paper if more space is required)					
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DD FORM 1222
 1 FEB 82

REPLACES DD FORM 1222, 1 JUL 58, WHICH IS OBSOLETE.

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SECTION A - REQUEST FOR TEST					
1. TO: (Include ZIP Code) Chief, Regional Veterinary Laboratory Div. William Beaumont Army Medical Center Bldg. 2630/ATTN: HSEM-VET-XL Ft. Sam Houston, TX 78234-6200 AV 471-2761/6904 COM (512)221-2761/6904			2. FROM: (Include ZIP Code) Veterinary Services US Army Health Clinic (Chicago Section) Bldg. 707 Ft. Sheridan, IL 60037-5570 COM (312) 243-1584/6890		
3. PRIME CONTRACTOR AND ADDRESS (Include ZIP Code) Elsie's Cheese Co. 2100 Dairyrun Lane Bovine, PA 15205 DLA-13H-88-C-8404 CONTRACT NUMBER			4. MANUFACTURING PLANT NAME AND ADDRESS (Include ZIP Code) SAME P. O. NUMBER		
5. SEND ITEM AND/OR PROJECT Cheese Mozzarella, Natural 5 lb. Block		6. SAMPLE NUMBER 1252-10	7. LOT NO 0016	8. REASON FOR SUBMITTAL COC Verification	9. DATE SUBMITTED 6 Oct 89
10. MATERIAL TO BE TESTED End Item	10a. QUANTITY SUBMITTED 11b. Composite	11. QUANTITY REPRESENTED 1043 lbs. (23 cs)	12. SPEC. & AMEND AND/OR DRAWING NO. & REV FOR SAMPLE & DATE 21 CFR 133.158		
13. PURCHASED FROM OR SOURCE		14. SHIPMENT METHOD Air Express	15. DATE SAMPLED AND SUBMITTED BY 6 Oct 89/E. Hernandez, WO1		
16. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS. Request telephonic notification of results (see block 2). Please return sample box to address in block 2.					
17. SEND REPORT OF TEST TO Block 2 and DPSC-HQS(T), 2800 So. 20th St. Phila., PA 19101-8419					
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REQUIREMENTS		(This area is currently blank)			
DATE	TYPED NAME AND TITLE OF PERSON CONDUCTING TEST			SIGNATURE	