**Process Authority Recipe Form (Form A)**

**One per sample**

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| --- |
| *Laboratory Use Only*  **Project #** |

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| --- | --- | --- | --- |
| **Client Information** | | | |
| **Date:** | **Company:** | | |
| **Contact Name:** | | **Phone Number:** | |
| **Street Address:** | | | |
| **City:** | **State:** | | **Zip:** |
| **Email:** | | | |
| **Product Name:** | | | |
| **Product Description:** | | | |

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| **Product Formulation Information: Each Ingredient in the product listed by weight (grams, lbs) or volume (fluid ounces, milliters, gallon). Please specify if the product is a specific brand (like Hunts Ketchup). Please specify if ingredient is canned or fresh. Actual weight and or volume not container size. (use additional sheet if needed)** |

| **Ingredient** | **Weight/Volume** | **Fresh**  (X) | **Canned**  (X) |
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**Acknowledgments**

*I hereby acknowledge that all of the information provided in this form is accurate to the best of my knowledge. I also acknowledge that if any information is missing or is not accurate as reported on this form, or if there is any change from the stated information on this form (e.g., change in product recipe, processing procedure, container size, etc.), I will notify UIUC Food Science and Human Nutrition Extension as soon as I learn of these changes and request a revision of the process approval.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (signed)

**Owner/Processor Signature**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* (Type) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner/Processor Name**