

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

**Voluntary National Retail Food Regulatory Program Standards
FDA NATIONAL REGISTRY REPORT**

Form Approved
OMB Number 0910-0621
Expiration Date: 09/30/2023
(See Public Reporting Burden
Statement on page 2.)

1. Information about the Jurisdiction

Name of Jurisdiction Reporting This Information	Address		
	City	State	ZIP Code
Contact Person for Jurisdiction	Title for Contact Person		Phone Number for Jurisdiction's Contact Person
Website Link for Jurisdiction			Jurisdiction is willing to serve as an auditor for another jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address for Jurisdiction's Contact Person			

2. Information about Enrollment

Enrollment Date (DD/MM/YYYY)

- Please enroll this jurisdiction in the Retail Program Standards
- Please remove this jurisdiction from the *Listing of Enrolled Jurisdictions*
- Update Results for the **Self-Assessment.**
- Other - Please explain

3. Information about Self-Assessment Findings and Verification Audit Findings

Completion Date for Self-Assessment

Instructions for Completing this Section

** If the jurisdiction's self-assessment indicates conformance with any Standards, please mark the applicable Standards. Only enter a date if it differs from that of the self-assessment completion date (i.e. a self-assessment update was conducted)

*** If the jurisdiction's verification audit confirms conformance with any Standards, please mark the applicable Standards **and** indicate the completion date.

**** All dates should be entered in the MM/DD/YYYY format.

Program Standard Number	Self-Assessment**	Verification Audit***
	Program Standard Met (Mark all that apply)	Verification Audit Confirmed (Mark all that apply and enter the date confirmed for each)
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

4. Permission to Publish Information on the FDA Website

Permission is granted to publish the following information in the *Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards*:

- Enrollment information Self-assessment findings Verification audit findings

Authorized Individual (Printed)	Title	Date (mm/dd/yyyy)
---------------------------------	-------	-------------------

Instructions for Completing FDA National Registry Report - Form 3958

The FDA National Registry Report must be completed and submitted to the appropriate FDA Regional Retail Food Specialist (Retail Food Specialist) within 30 days following completion of the self-assessment, self-assessment update, or verification audit. The *Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards* will be updated using data contained in this report.

This form may be completed online and printed for submission to the appropriate Retail Food Specialist. Alternatively, this form may be completed online and submitted electronically to the appropriate Retail Food Specialist. A listing of Retail Food Specialists, by state, can be found on FDA's Retail Program Standards website (www.fda.gov/RetailProgramStandards).

Part 1: Information about the Jurisdiction

1. Enter the jurisdiction name, and the jurisdiction address.
2. Enter the name and contact information for the contact person for this jurisdiction. This is the individual to whom Retail Program Standards correspondence will be sent.
3. Enter the jurisdiction's website address.
4. Indicate if the jurisdiction is willing to serve as an auditor for another jurisdiction.

Part 2: Information about Enrollment

1. Select the first box to indicate that the jurisdiction is a new enrollee. Please also enter the enrollment date.
2. Select the second box to indicate that you would like to remove this jurisdiction from the *Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards*.
3. Select the third box to indicate that you are updating the findings from your self-assessment or verification audit. If you are updating this information please select the relevant self-assessment.
4. If the first three options are not applicable, select "Other" and provide additional information.

Part 3: Information about Self-Assessment Findings and Verification Audit Findings

1. Enter the date that the self-assessment was completed.
2. Check the applicable boxes to indicate which Standards were met, as determined by the self-assessment. For each box that is checked, do not enter a date *unless* the self-assessment date for that Standard is different than the date that the self-assessment was completed (i.e. a self-assessment update was completed for Standard X after the self-assessment was completed.)
3. Check the applicable boxes in the third column to indicate which Standards were met, as verified by a verification audit. For each box that is checked, a date should be entered to indicate the date that the verification audit was completed for that Standard.

Part 4: Permission to Publish Information on FDA's Website

1. With your permission, information submitted on this form will be published on FDA's *Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards*. Check the appropriate box(es) to indicate what information FDA may publish on the website.

After completing Parts 1-4, the Program Manager must:

1. Enter the name of the Authorized Individual. This may be the Program Manager or another individual authorized to submit this information.
2. Provide the signature of the Authorized Individual for the reporting jurisdiction.
 - a. If the form is completed electronically, click the signature box to provide an electronic signature.
 - b. If the form is completed by hand, sign your name in the signature box.
3. Enter the date that the form is signed.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS BELOW.

This section applies only to the requirements of the Paperwork Reduction Act of 1995: The public reporting burden time for this collection of information is estimated to average 12 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

Do not send your completed form to the PRA Staff email address to the left.

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."