



## Disciplinary Report Form

<b>Employee name:</b> Della Mayweathers	<b>Employee number:</b>	<b>Job title:</b> Orics QA line checks
<b>Department:</b>	<b>Shift:</b> 3rd	<b>Supervisor:</b> Heng Somark

**Offense track:**     \_\_\_ Performance issue                     \_\_X\_\_ Work rule violation **Work rule violated, if any:**

**Type of offense:** \_\_\_ Absenteeism \_\_\_ Tardiness \_\_\_ Leaving work area without permission \_\_\_ Misuse of property/equipment \_\_\_ Damaging/Losing property/equipment \_\_\_ Using property/equipment for personal use \_\_\_ Leaking confidential information \_\_\_ Theft or fraud \_\_\_ Lying or cheating \_\_\_ Unsafe behavior \_\_\_ Eating in undesignated areas \_\_\_ Smoking in undesignated areas \_\_\_ Posting items without permission \_\_\_ Fighting or creating conflict \_\_\_ Spreading gossip \_\_\_ Using vulgar language \_\_\_ Rudeness \_\_\_ Abusiveness \_\_\_ Horseplay \_\_\_ Indecent behavior \_\_\_ Bringing weapon onsite \_\_\_ Bringing illegal drugs/alcohol onsite \_\_\_ Failing to follow instructions \_\_\_ Poor work quality \_\_\_ Poor work quantity \_\_\_ Refusing to work \_\_\_ Sleeping on the job \_\_\_ Poor hygiene \_\_\_ Poor housekeeping \_\_\_ Disregarding dress code \_\_\_ Other

**X\_ Falsifying company documents**

**Incident description:** (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)

On 4/20/2011 Della was doing line checks for the USDA documentation. The QA lead person Sovanarny Peou reviewed line checks that should have been done every 2 hrs when she can in to check at 11:30 & 1:30 the information was not filled in when but when she returned about an hour later the check lists we filled out with inaccurate, made up weights and the times were recorded falsely. This happen on numerous line checks throughout the night one of the falsified documents was witnessed by Espiranza Dillon, she verified and confirmed that the documents were falsified.

<b>Completed by:</b> Hugh F. Fendry II HR Manager – Corporate Management Group	<b>Date:</b> 4/25/2011
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**(Shaded area to be completed by Human Resources only.)**

**Progressive step:** \_\_\_ Oral warning\* \_\_\_ Suspension (unpaid) \_\_\_ Release \_\_\_ Written reprimand \_\_\_ Discharge \_\_\_ Suspension (paid)  
\*File apart from personnel files and copies thereof

**Termination for Falsification of Federal USDA Documents**

**Previous warnings:** Type: Offense: Date: Type: Offense: Date: Type: Offense: Date:

All line checkers are trained and notified that "violations of Falsification" will result in immediate termination. Della attended this training on 11/30/2010 & on 4/21/2011

**Consequence if incident occurs again:**

<b>Human Resources Signature(s):</b> 	<b>Date:</b> 4/25/2011
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**Employee statement:** \_\_\_ I agree with the incident description above. \_\_\_ I disagree with the incident description above. **Date report presented to employee:**

**Employee comments:** (Attach sheets if necessary.)

**Employee acknowledgement:** My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.

**Employee signature:** \_\_\_\_\_  
**Witness signature (if any):** \_\_\_\_\_  
**Signature of person presenting report:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



*Trained on 11/30/10*

## CFR 9 Part 417.5 Records

(b) Each entry on a record maintained under the HACCP plan **shall be made at the time the specific event occurs and include the date and time recorded**, and shall be signed or initialed by the establishment employee making the entry.

## **USDA Meat & Poultry Inspection Act**

### **§676. Violations**

**(a) Misdemeanors; felonies: intent to defraud and distribution of adulterated articles; good faith.**

Any person, firm, or corporation who violates any provision of this chapter for which no other criminal penalty is provided by this chapter shall upon conviction be subject to imprisonment for not more than one year, or a fine of not more than \$1,000, or both such imprisonment and fine; **but if such violation involves intent to defraud, or any distribution or attempted distribution of an article that is adulterated (except as defined in section 601(m)(8) of this title), such person, firm, or corporation shall be subject to imprisonment for not more than three years or a fine of not more than \$10,000, or both:** Provided, That no person, firm, or corporation, shall be subject to penalties under this section for receiving for transportation any article or animal in violation of this chapter if such receipt was made in good faith, unless such person, firm, or corporation refuses to furnish on request of a representative of the Secretary the name and address of the person from whom he received such article or animal, and copies of all documents, if any there be, pertaining to the delivery of the article or animal to him.

## **FDA**

**What will happen if the required records are not established and maintained?**

The Bioterrorism Act makes failure to establish and maintain the required records or failure to make them available to FDA a prohibited act. The Federal government can bring a civil action in Federal court to enjoin persons who commit a prohibited act; the Federal government also can bring a criminal action in Federal court to prosecute persons who commit a prohibited act.

# Documentation Requirements

- ✓ Data must be documented at the time of the check
- ✓ Pen must be used – no pencil.
- ✓ Please write clearly and neatly on paperwork and pallet tickets.
- ✓ Errors must be crossed out with one line – not scribbled out. Initial the error and write your corrected information.
- ✓ Do NOT use white out. If an error is made, follow above.
- ✓ Write down results exactly as seen – accuracy is critical! Do not write down what you think is the “right” answer. This is a waste of time. Our goal is to find problems and make corrections to produce the best product possible.
- ✓ Documentation of false information can result in criminal charges according to FDA and USDA regulations. It is considered a form of fraud.  
*ALL CHECKERS ARE EXPLAINED THAT THEY WILL BE TERMINATED IF DOCUMENTS ARE FAISIFIED.*
- ✓ If the line goes down (maintenance, waiting on materials, break time, etc.) document the down time on your paperwork to explain a gap in frequency of checks.

Trainee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# OPERATIONAL QC CHECK LIST

## APPLES N' CARAMEL/DIP-ROTARY/ORICS ROOMS

Date: 4-20-11

Shift: 2

Depositor in Use:

Number	Time
<u>1</u>	<u>5:55-4:50p</u>

Line: OVICS B-QAL

Code Date: 053011

PB Pump Gasket in Place?

N/A

*not filled out when checked by Full time QA - but filled in after of label information*

TIME	5:45	11:29p	1:30a	3:55a			
INITIALS:	<u>JJP</u>	<u>BEM</u>	<u>ARM</u>	<u>BEM</u>			
*REWORK PROCEDURE FOLLOWED	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>			
RESIDUALS-CO2 /O2	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>			
COTTER PIN CHECK-DEPOSITOR (count pins)	<u>41</u>	<u>41</u>	<u>41</u>	<u>41</u>			
PKG/TRAY APPEARANCE	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>			
SEAL/OPENING EVAL.	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>			
NO CARAMEL/DIP IN APPLES	<u>NO</u>	<u>No</u>	<u>No</u>	<u>No</u>			
CARAMEL/DIP LOT/USE BY DATE (Fat Free for Armour Only)	<u>040</u> <u>092211</u>	<u>09/22/11</u>	<u>09/22/11</u>	<u>9/22/11</u>			
GMP/PEOPLE PRACTICES	<u>OK</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>			

\*APPLE REWORK PROCEDURE: Hold packages to be reworked until they can be opened and re-packaged all at one time. Open packages into sanitized tub and re-package immediately. Any defective packages once the rework has been re-packaged are to be discarded.

### Film Usage & Lot Tracking for Packaging Materials:

#### Top Film

Lot #	

Record top film Lot # OR save and attach a copy of the film core label.

#### DIP ALLERGENS:

<u>Caramel</u>	<u>Milk</u>
Fat Free Caramel	Milk
Peanut Butter	Peanuts
Peanuts	Peanuts
Yogurt Dip	Milk

#### Lot number Time


#### Pre-formed Trays

(Orics & Rotary Lines)

\*\*Record lot number of trays in use; record new lot when new trays are brought into the room.

Sovanarny PEOU  
Espinoza Dillon.

### DIPPIN' STIX APPLES RESIDUAL GAS ANALYSIS FORM

*Documentation  
Falsification.*

Production Date: 4.20.11

Line: 0.6 / QA  
Yogurt

Frequency: Every 30 minutes  
Procedure: Test apple compartment  
Corrective Actions: Retest same lane immediately. If still out of spec. stop machine and notify maintenance of issue.  
Restart and retest immediately.

CO2  
1.0 - 5.0%  
Ideal

O2  
0.5 - 2.0% :  
Ideal

Seals  
Must have  
uniform seals  
and adherence

Time	Lane #	Residual CO2	Residual O2	Seal Test	Product in seal?	Evaluators Initials
11:35 p	1	1.2	1.1	Good	No	BEM
	2	1.2	0.74	/	/	/
	3	1.2	0.60	/	/	/
	4	1.2	0.78	/	/	/
	5	1.2	0.84	/	/	/
	6	1.2	1.3	/	/	/
MISSING @ 2:00 hr						
3:19 p	1	1.4	1.2	Good	No	BEM
	2	1.5	1.4	/	/	/
	3	1.5	0.85	/	/	/
	4	1.5	0.87	/	/	/
	5	1.5	1.0	/	/	/
	6	1.5	2.9	/	/	/

*1:30 - Evidence provided not  
begin pulled and*

# DIPPIN' STIX APPLES RESIDUAL GAS ANALYSIS FORM

Production Date: 4-20-11

Line: DNCS E-QA ✓

Caramel

Frequency: Every 30 minutes  
 Procedure: Test apple compartment  
 Corrective Actions: Retest same lane immediately. If still out of spec. stop machine and notify maintenance of issue. Restart and retest immediately.

CO2 1.0 - 5.0% Ideal	O2 0.5 - 2.0% Ideal	Seals Must have uniform seals and adherence
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Time	Lane #	Residual CO2	Residual O2	Seal Test	Product in seal?	Evaluators Initials
5:37p	1	1.89/1.2	2.11/2.48	Good	No	VMP
	2	1.02/1.88	4.39/7.57			
	3	1.10/1.03	3.39/5.26			
	4	1.11	2.28			
	5	1.17/1.03	5.84/5.26	1.11 - 3.52		
	6	1.17	2.84			
	7	1.21	2.29			
	8	1.14/1.14	3.80/4.32			
11:20p	1	1.69/1.21	5.89/3.03	Good	No	BKM
	2	1.0	1.4			
	3	1.0	1.0			
	4	1.0	0.82			
	5	1.1	1.4			
	6	1.0	2.16			
	7	1.0	1.0			
1:25A	1	1.47	2.09	Good	No	BKM
	2	1.5	2.1			
	3	1.5	2.8			
	4	1.5	2.5			
	5	1.5	2.5			
	6	1.5	1.8			
	7	1.5	1.7			
	8	1.5	1.6			

Full time QA Tech checked this Doc. 11:30p + 1:25am  
 + these were not filled out as Documented.

Notified by maintenance  
 gas is high  
 around 7:30pm machine down, change the head.