

1. DATE

05/14/2024

2. ESTABLISHMENT NO.

M46419+P46419

**GRANT OF INSPECTION**

3. DISTRICT CODE

1511

4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known)

Deborah Fitch  
PO Box 1322  
Granby, Colorado 80446

5. DISTRICT OFFICE CONTACT INFORMATION (mailing address, e-mail, phone number)

1 Denver Federal Center  
Bldg. 45, Door 5-3  
P.O. Box 25387  
Denver, CO 80225

6. LOCATION OF ESTABLISHMENT (PHYSICAL STREET ADDRESS)

Fitch Ranch Artisan Meat Company  
383 East 1st Street  
Craig, Colorado 81625

7. TYPE OF GRANT

- CONDITIONAL (VALIDATE HACCP PLAN)  
 REGULAR

8. TYPE OF INSPECTION (Check all that apply)

- MEAT       POULTRY       EGG  
 IMPORT       SILURIFORMES FISH

9. DATE OF INAUGURATION OF SERVICE

5/1/2014

**AGREEMENT AND CERTIFICATION:** A survey of your establishment at the location shown above indicates compliance with the applicable requirements in Title 9 CHAPTER III -- FOOD SAFETY AND INSPECTION SERVICE, DEPARTMENT OF AGRICULTURE regulations promulgated under the authority of the Federal Meat Inspection Act, the Poultry Products Inspection Act, or the Egg Products Inspection Act. Accordingly, inspection service is granted.

A copy of FSIS Form 5200-2, *Application for Federal Inspection*, is enclosed or attached. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to the inspection of meat, poultry, Siluriformes fish or egg product or the importation of meat, poultry, Siluriformes fish or egg product.

Your establishment is under the supervision of the District Office. Contact the District Office if you need help in interpreting the provisions of the regulations

**REMARKS:**

Updates/Changes: Update to Inspection

Amenable Slaughter: Calf; Cattle; Goat; Sheep; Swine; Ratite

Amenable Products: Fully Cooked - Not Shelf Stable; Heat Treated Not Fully Cooked - Not Shelf Stable; Heat Treated - Shelf Stable; Not Heat Treated - Shelf Stable; Raw - Intact; Raw - Non Intact

- Updated Applicant Information in PHIS
- Updated Persons Responsibly Connected to Applicant in PHIS
- Activated poultry Grant in PHIS

CC: FLS; IIC

DISTRICT MANAGER SIGNATURE



PRINT NAME

Dr. Robert Reeder, District Manager

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

**APPLICATION FOR FEDERAL INSPECTION**  
(Meat, Poultry, Siluriformes Fish, Egg Products and Import Inspection)

Submit this application electronically, or by mail, to the Grant Curator at the appropriate U.S. Department of Agriculture, Food Safety and Inspection Service, District Office. Complete all sections. If a section is not applicable, enter N/A or None. If additional space is needed for any items, use the continuation sheet provided or an attachment. Number the item.

**SECTION I. APPLICANT INFORMATION**

1. Date of Application  1a. Existing Establishment Number (if applicable)

2. Type of Application (check all that apply)  
 New  Change of Location  Change of Ownership  Other, specify:

3. Type of Inspection (check all that apply)  
 Meat  Poultry  Egg Products  Import  Siluriformes Fish  Cell-Cultured

4. Form of Organization (check applicable box)  
 Individual  Cooperative Association  Partnership  Corporation  Education Institution  Limited Liability Company (LLC)  Other

5. If Corporation, Name of State or Territory where Incorporated

6. Date Incorporated  
 mm/ dd/ yyyy

7. Name and Address of Corporate Headquarters  
 Name   
 Address   
 City   
 State  Zip Code  Country

8. Federal Employer ID#

9. Dun & Bradstreet # (if applicable)

10. Firm's Code (Import Only)

11. Name of Applicant (person, firm or corporation making application) and mailing address  
 Name   
 Address   
 City   
 State  Zip Code  Country

12. Telephone number and e-mail address of applicant  
 phone   
 e-mail

13. Actual Name of Company and Physical Location Address of Establishment  
 Name   
 Address   
 City   
 State  Zip Code  Country

14. Telephone number, mailing address and e-mail address of establishment  
 phone   
 mailing address   
 e-mail

**SECTION II. ESTABLISHMENT INFORMATION**

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection. Use continuation sheet or attachment if necessary.  
 on continuation sheet  attached document  by other means (mail, courier)  previously submitted

16. Name and establishment number of other official establishments located in the same facility (if applicable)

17. Other names - Doing Business As (DBA) - Use continuation sheet if necessary

18. Estimated date when the establishment will be ready to operate under inspection (mm/ dd/ yyyy)

19. MEAT, POULTRY, AND SILURIFORMES FISH INSPECTION ACTIVITIES (check all that apply)

<p><b>19A. SLAUGHTER OR HARVEST OPERATIONS</b></p> <p><input checked="" type="checkbox"/> Calf</p> <p><input checked="" type="checkbox"/> Cattle</p> <p><input type="checkbox"/> Equine</p> <p><input checked="" type="checkbox"/> Goat</p> <p><input checked="" type="checkbox"/> Sheep</p> <p><input checked="" type="checkbox"/> Swine</p> <p><input type="checkbox"/> Chicken</p> <p><input type="checkbox"/> Duck</p> <p><input type="checkbox"/> Goose</p> <p><input type="checkbox"/> Guinea</p> <p><input checked="" type="checkbox"/> Ratite</p> <p><input type="checkbox"/> Squab</p> <p><input type="checkbox"/> Turkey</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p><b>19B. PROCESSING OPERATIONS</b></p> <p><input checked="" type="checkbox"/> a. Fully Cooked - Not Shelf Stable</p> <p><input checked="" type="checkbox"/> b. Heat Treated Not Fully Cooked - Not Shelf Stable</p> <p><input checked="" type="checkbox"/> c. Heat Treated - Shelf Stable</p> <p><input checked="" type="checkbox"/> d. Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> e. Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input checked="" type="checkbox"/> f. Raw - Intact Products</p> <p><input checked="" type="checkbox"/> g. Raw - Non Intact Products</p> <p><input type="checkbox"/> h. Thermally Processed Commercially Sterile</p>	<p><b>19C. EXEMPTIONS (explain separation from inspected products on continuation sheet)</b></p> <p><input checked="" type="checkbox"/> Custom Processing</p> <p><input checked="" type="checkbox"/> Custom Slaughter</p> <p><input checked="" type="checkbox"/> Retail Activities</p> <p><u>Religious Exempt Poultry</u></p> <p><input type="checkbox"/> Buddhist eviscerated Poultry</p> <p><input type="checkbox"/> Confucian Non-eviscerated Poultry</p> <p><input type="checkbox"/> Islamic (Halal) Poultry</p> <p><input type="checkbox"/> Kosher Non-eviscerated Poultry</p> <p><u>Religious Exempt Livestock</u></p> <p><input checked="" type="checkbox"/> Halal</p> <p><input type="checkbox"/> Kosher</p> <p><input type="checkbox"/> Other (specify on continuation sheet)</p>	<p><b>19D. JURISDICTION (explain separation from inspected products on continuation sheet)</b></p> <p><input checked="" type="checkbox"/> FSIS Inspection only</p> <p><input checked="" type="checkbox"/> State Inspection</p> <p><input type="checkbox"/> Talmadge-Aiken</p> <p><u>Multiple Agencies</u></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Dual Jurisdiction Establishment with Food and Drug Administration (FDA)</p> <p><input checked="" type="checkbox"/> USDA Agricultural Marketing Service (AMS) Grading/Quality Control</p> <p><input type="checkbox"/> Establishment provides products for the National School Lunch Program</p>
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20. EGG PRODUCTS INSPECTION (check all that apply)

a. Fully Cooked - Not Shelf Stable     
  b. Heat Treated - Shelf Stable     
  c. Raw - Non-Intact     
  d. Egg Breaking

21. IMPORT INSPECTION (check all that apply)

<p><b>21A. Species</b></p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Poultry</p> <p><input type="checkbox"/> Egg Products</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p><b>21C. Types of Products (egg products)</b></p> <p><input type="checkbox"/> Liquid Eggs</p> <p><input type="checkbox"/> Frozen Eggs</p> <p><input type="checkbox"/> Dried Eggs</p>	<p><b>21D. Types of Products (meat and poultry only)</b></p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><input type="checkbox"/> Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Frozen from an APHIS restricted country 9 CFR 94.4 (b)</p> <p><input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Perishable</p> <p><input type="checkbox"/> Heat Treated - Not Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input type="checkbox"/> Raw - Non-Intact</p> <p><input type="checkbox"/> Ground product</p> <p><input type="checkbox"/> Other Non-intact</p> </td> <td style="width:50%; vertical-align: top;"> <p><input type="checkbox"/> Raw - Intact</p> <p><input type="checkbox"/> Cuts (including bone-in and boneless meats)</p> <p><input type="checkbox"/> Boneless and/or skinless parts</p> <p><input type="checkbox"/> Other Intact</p> <p><input type="checkbox"/> Carcasses</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Beef</td> <td><input type="checkbox"/> Equine</td> </tr> <tr> <td><input type="checkbox"/> Goat</td> <td><input type="checkbox"/> Lamb</td> </tr> <tr> <td><input type="checkbox"/> Mutton</td> <td><input type="checkbox"/> Pork</td> </tr> <tr> <td><input type="checkbox"/> Poultry</td> <td><input type="checkbox"/> Ratite</td> </tr> <tr> <td><input type="checkbox"/> Veal</td> <td><input type="checkbox"/> Veal-hide on</td> </tr> </table> <p><input type="checkbox"/> Thermally Processed/Commercially Sterile</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Soups</td> <td><input type="checkbox"/> Corned (species)</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Ham</td> </tr> </table> </td> </tr> </table>	<p><input type="checkbox"/> Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Frozen from an APHIS restricted country 9 CFR 94.4 (b)</p> <p><input type="checkbox"/> Frozen</p> <p><input type="checkbox"/> Perishable</p> <p><input type="checkbox"/> Heat Treated - Not Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input type="checkbox"/> Raw - Non-Intact</p> <p><input type="checkbox"/> Ground product</p> <p><input type="checkbox"/> Other Non-intact</p>	<p><input type="checkbox"/> Raw - Intact</p> <p><input type="checkbox"/> Cuts (including bone-in and boneless meats)</p> <p><input type="checkbox"/> Boneless and/or skinless parts</p> <p><input type="checkbox"/> Other Intact</p> <p><input type="checkbox"/> Carcasses</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Beef</td> <td><input type="checkbox"/> Equine</td> </tr> <tr> <td><input type="checkbox"/> Goat</td> <td><input type="checkbox"/> Lamb</td> </tr> <tr> <td><input type="checkbox"/> Mutton</td> <td><input type="checkbox"/> Pork</td> </tr> <tr> <td><input type="checkbox"/> Poultry</td> <td><input type="checkbox"/> Ratite</td> </tr> <tr> <td><input type="checkbox"/> Veal</td> <td><input type="checkbox"/> Veal-hide on</td> </tr> </table> <p><input type="checkbox"/> Thermally Processed/Commercially Sterile</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Soups</td> <td><input type="checkbox"/> Corned (species)</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Ham</td> </tr> </table>	<input type="checkbox"/> Beef	<input type="checkbox"/> Equine	<input type="checkbox"/> Goat	<input type="checkbox"/> Lamb	<input type="checkbox"/> Mutton	<input type="checkbox"/> Pork	<input type="checkbox"/> Poultry	<input type="checkbox"/> Ratite	<input type="checkbox"/> Veal	<input type="checkbox"/> Veal-hide on	<input type="checkbox"/> Soups	<input type="checkbox"/> Corned (species)	<input type="checkbox"/> Other	<input type="checkbox"/> Ham
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<input type="checkbox"/> Veal	<input type="checkbox"/> Veal-hide on																	
<input type="checkbox"/> Soups	<input type="checkbox"/> Corned (species)																	
<input type="checkbox"/> Other	<input type="checkbox"/> Ham																	
<p><b>21B. Mode of Transportation</b></p> <p><input type="checkbox"/> Rail Cars</p> <p><input type="checkbox"/> Ocean Vessel</p> <p><input type="checkbox"/> Trucks</p> <p><input type="checkbox"/> Airline</p> <p><input type="checkbox"/> Other, specify: <input style="width:80px; height:20px;" type="text"/></p>																		

**SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT**

22. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more of voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment if necessary.

Name and Title		Present e-mail and home address			Holder of 10% or more voting stock? (if corporation)
First	Deborah	e-mail	deborah@fitchranch.com		<input checked="" type="checkbox"/> yes
Last	Fitch	Address	150 GCR 217		<input type="checkbox"/> no
		City	Parshall		
Title	Owner/Operator	State	CO	Zip Code 80468	Country USA
First	Nicole	e-mail	nicolej@fitchranch.com		<input type="checkbox"/> yes
Last	Jacobs-Long	Address	2010 Baker Drive		<input checked="" type="checkbox"/> no
		City	Craig		
Title	Manager	State	CO	Zip Code 81625	Country USA
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
		City			
Title		State		Zip Code	Country
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
		City			
Title		State		Zip Code	Country
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
		City			
Title		State		Zip Code	Country
First		e-mail			<input type="checkbox"/> yes
Last		Address			<input type="checkbox"/> no
		City			
Title		State		Zip Code	Country

23. Enter the name of each person listed in Block 22 who has been convicted in any Federal or state court of (1) any felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of the conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

 None Yes, explain

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24. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of any (1) felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

 None Yes, explain

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25. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3, 381.22, and 590.149 for meat, poultry, and egg products inspection only. Check all applicable boxes.

 Developed written recall procedures  
(Does not apply to egg product inspection.) Developed written Sanitation Standard  
Operating Procedures (SSOP) Conducted a hazard analysis and developed a  
Hazard Analysis and Critical Control Point  
(HACCP) plan

26. Applicant has been provided with a copy of the Privacy Act Notice?

 Yes No

**AGREEMENT AND CERTIFICATION:** If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), or the Egg Products Inspection Act, (21 U.S.C. 1031 et seq.), and the regulations governing the inspection of the meat, poultry or egg product inspection of the United States Department of Agriculture (9 CFR Part 301 et. seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

**WARNING:** Persons knowingly and willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fine or imprisoned not more than five years, or both, as prescribed by Title 18 U.S.C. 1001. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.

27. Typed or written  
name and title of person  
signing application

Deborah Fitch

28. Signature



**TO BE COMPLETED BY USDA FSIS OFO DISTRICT OFFICE ONLY**

29. Is this establishment:  
(check all that apply)

 under State Inspection? in the Cooperative Interstate  
Shipment (CIS) Program? to be under the Talmadge-  
Aiken Act?

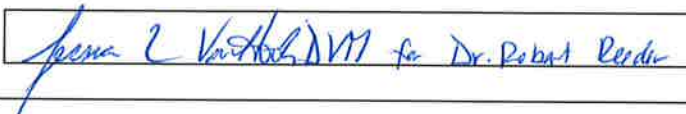
30. Date application  
received by District Office

4/30/24

31. Official inspection number(s)  
assigned by District Office

46419

32. Signature of the  
District Manager



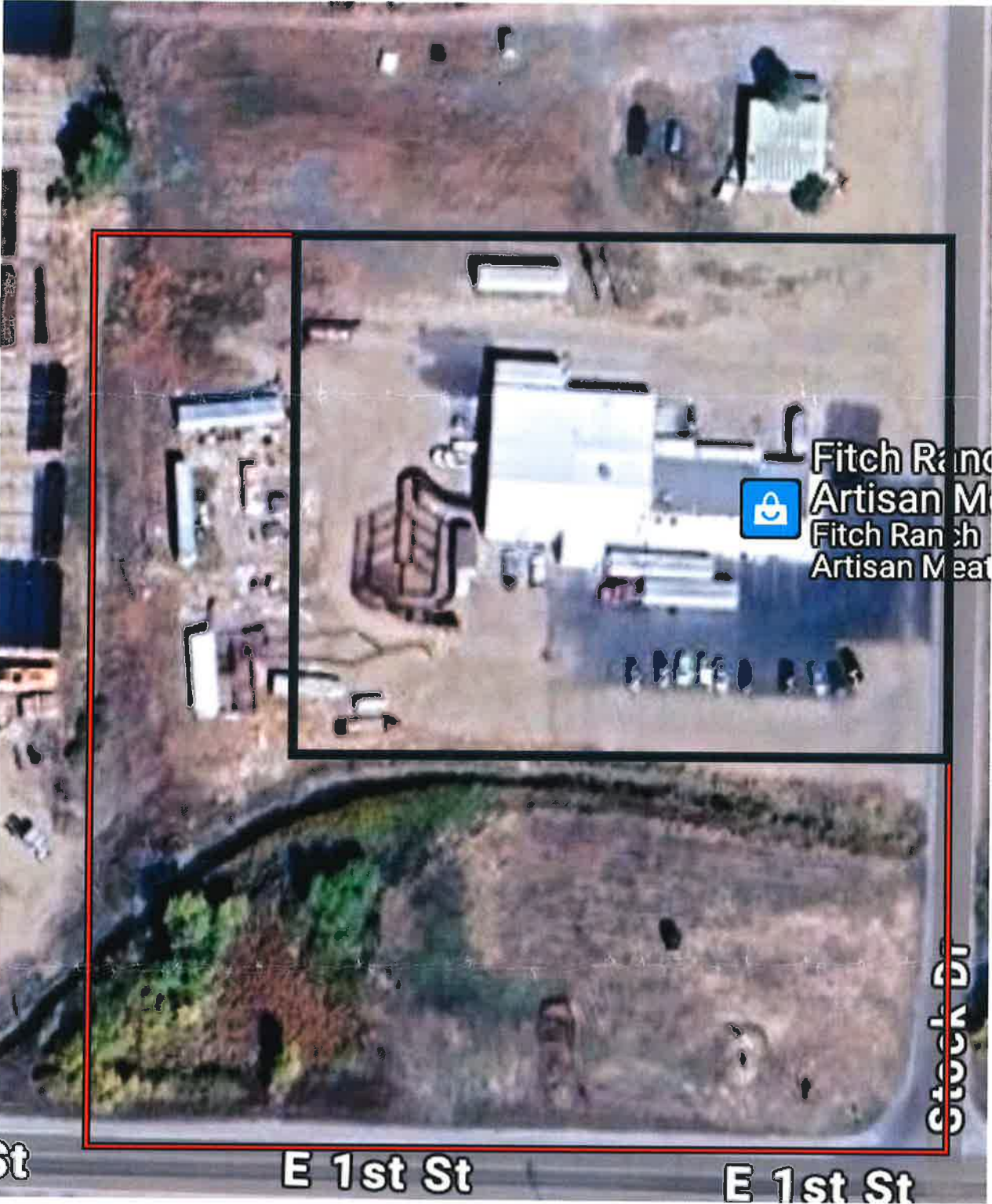
33. Date

5/14/24

15: Attached diagram of establishment official premise. Area inside red border is property of owner. Area inside black border is official premise. Area inside red border and outside black border is undeveloped wetland and not part of official premise.

19C: Custom and retail products will be separated from inspected products using time, space, and labeling practices. Custom and retail products will be processed after inspected product or a midshift cleanup will occur.

19D: See 19C explanation



Fitch Ranch  
Artisan Meat  
Fitch Ranch  
Artisan Meat

St

E 1st St

E 1st St

Stock Di

MR. BAWDEN

THIS REVISED APPLICATION FORM IS HOW WE WERE ADVISED TO ADDRESS WHAT WE THINK IS A DISCREPANCY IN THE THIS PLANT PROFILE. THE REVISED APPLICATION ALSO ADDS THE PLANT MANAGER TO THE LIST OF PERSONS CONNECTED & DEFINES THE OFFICIAL PREMISES; SOME THING WE NEVER DID BEFORE.

THANK YOU