

# Poultry Form #478-7

Team Name

This sheet is for demonstration and practice only. You must use a real scan sheet for actual competition.

Incorrect Marks Correct Mark



| Team # |   |   |   |
|--------|---|---|---|
| 0      | 0 | 0 | 0 |
| 1      | 1 | 1 | 1 |
| 2      | 2 | 2 | 2 |
| 3      | 3 | 3 | 3 |
| 4      | 4 | 4 | 4 |
| 5      | 5 | 5 | 5 |
| 6      | 6 | 6 | 6 |
| 7      | 7 | 7 | 7 |
| 8      | 8 | 8 | 8 |
| 9      | 9 | 9 | 9 |

| Last Name |   |   |   |   |   |   |   |   |   | First Name |   |   |   |   |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|---|---|---|------------|---|---|---|---|---|---|---|---|---|---|
| ○         | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○          | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| A         | A | A | A | A | A | A | A | A | A | A          | A | A | A | A | A | A | A | A | A | A |
| B         | B | B | B | B | B | B | B | B | B | B          | B | B | B | B | B | B | B | B | B | B |
| C         | C | C | C | C | C | C | C | C | C | C          | C | C | C | C | C | C | C | C | C | C |
| D         | D | D | D | D | D | D | D | D | D | D          | D | D | D | D | D | D | D | D | D | D |
| E         | E | E | E | E | E | E | E | E | E | E          | E | E | E | E | E | E | E | E | E | E |
| F         | F | F | F | F | F | F | F | F | F | F          | F | F | F | F | F | F | F | F | F | F |
| G         | G | G | G | G | G | G | G | G | G | G          | G | G | G | G | G | G | G | G | G | G |
| H         | H | H | H | H | H | H | H | H | H | H          | H | H | H | H | H | H | H | H | H | H |
| I         | I | I | I | I | I | I | I | I | I | I          | I | I | I | I | I | I | I | I | I | I |
| J         | J | J | J | J | J | J | J | J | J | J          | J | J | J | J | J | J | J | J | J | J |
| K         | K | K | K | K | K | K | K | K | K | K          | K | K | K | K | K | K | K | K | K | K |
| L         | L | L | L | L | L | L | L | L | L | L          | L | L | L | L | L | L | L | L | L | L |
| M         | M | M | M | M | M | M | M | M | M | M          | M | M | M | M | M | M | M | M | M | M |
| N         | N | N | N | N | N | N | N | N | N | N          | N | N | N | N | N | N | N | N | N | N |
| O         | O | O | O | O | O | O | O | O | O | O          | O | O | O | O | O | O | O | O | O | O |
| P         | P | P | P | P | P | P | P | P | P | P          | P | P | P | P | P | P | P | P | P | P |
| Q         | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q          | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q |
| R         | R | R | R | R | R | R | R | R | R | R          | R | R | R | R | R | R | R | R | R | R |
| S         | S | S | S | S | S | S | S | S | S | S          | S | S | S | S | S | S | S | S | S | S |
| T         | T | T | T | T | T | T | T | T | T | T          | T | T | T | T | T | T | T | T | T | T |
| U         | U | U | U | U | U | U | U | U | U | U          | U | U | U | U | U | U | U | U | U | U |
| V         | V | V | V | V | V | V | V | V | V | V          | V | V | V | V | V | V | V | V | V | V |
| W         | W | W | W | W | W | W | W | W | W | W          | W | W | W | W | W | W | W | W | W | W |
| X         | X | X | X | X | X | X | X | X | X | X          | X | X | X | X | X | X | X | X | X | X |
| Y         | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y          | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Z         | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z          | Z | Z | Z | Z | Z | Z | Z | Z | Z | Z |

Code #

|   |   |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

| Carcass/Part Number | Quality Grade |   |   |     |
|---------------------|---------------|---|---|-----|
|                     | A             | B | C | NG* |
| 1                   | A             | B | C | ○   |
| 2                   | A             | B | C | ○   |
| 3                   | A             | B | C | ○   |
| 4                   | A             | B | C | ○   |
| 5                   | A             | B | C | ○   |
| 6                   | A             | B | C | ○   |
| 7                   | A             | B | C | ○   |
| 8                   | A             | B | C | ○   |
| 9                   | A             | B | C | ○   |
| 10                  | A             | B | C | ○   |

\*NG = Nongradable

| Egg Number | Quality Grade |   |   |      |
|------------|---------------|---|---|------|
|            | AA            | A | B | Loss |
| 1          | AA            | A | B | ○    |
| 2          | AA            | A | B | ○    |
| 3          | AA            | A | B | ○    |
| 4          | AA            | A | B | ○    |
| 5          | AA            | A | B | ○    |
| 6          | AA            | A | B | ○    |
| 7          | AA            | A | B | ○    |
| 8          | AA            | A | B | ○    |
| 9          | AA            | A | B | ○    |
| 10         | AA            | A | B | ○    |

| Placing Classes                 |          |      |     |   |
|---------------------------------|----------|------|-----|---|
| Mark one answer in each column! |          |      |     |   |
|                                 | Broilers | Hens | RTC |   |
|                                 | 1        | 2    | 3   |   |
| 1                               | 1234     | ○    | ○   | ○ |
| 2                               | 1243     | ○    | ○   | ○ |
| 3                               | 1324     | ○    | ○   | ○ |
| 4                               | 1342     | ○    | ○   | ○ |
| 5                               | 1423     | ○    | ○   | ○ |
| 6                               | 1432     | ○    | ○   | ○ |
| 7                               | 2134     | ○    | ○   | ○ |
| 8                               | 2143     | ○    | ○   | ○ |
| 9                               | 2314     | ○    | ○   | ○ |
| 10                              | 2341     | ○    | ○   | ○ |
| 11                              | 2413     | ○    | ○   | ○ |
| 12                              | 2431     | ○    | ○   | ○ |
| 13                              | 3124     | ○    | ○   | ○ |
| 14                              | 3142     | ○    | ○   | ○ |
| 15                              | 3214     | ○    | ○   | ○ |
| 16                              | 3241     | ○    | ○   | ○ |
| 17                              | 3412     | ○    | ○   | ○ |
| 18                              | 3421     | ○    | ○   | ○ |
| 19                              | 4123     | ○    | ○   | ○ |
| 20                              | 4132     | ○    | ○   | ○ |
| 21                              | 4213     | ○    | ○   | ○ |
| 22                              | 4231     | ○    | ○   | ○ |
| 23                              | 4312     | ○    | ○   | ○ |
| 24                              | 4321     | ○    | ○   | ○ |
|                                 |          | 1    | 2   | 3 |

| Reasons |   |
|---------|---|
| 1       | 2 |
| 0       | 0 |
| 1       | 1 |
| 2       | 2 |
| 3       | 3 |
| 4       | 4 |
| 5       | 5 |
| 6       | 6 |
| 7       | 7 |
| 8       | 8 |
| 9       | 9 |

| Egg Exterior Quality Grading and Written Factors |            |      |      |      |      |      |      |      |      |      |
|--|------------|------|------|------|------|------|------|------|------|------|
| Grade  | Egg Number |      |      |      |      |      |      |      |      |      |
|  | 1          | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   |
| 1 AA/A   | AA/A       | AA/A | AA/A | AA/A | AA/A | AA/A | AA/A | AA/A | AA/A | AA/A |
| 2 B  | B          | B    | B    | B    | B    | B    | B    | B    | B    | B    |
| 3 Nongradable                                    | NG         | NG   | NG   | NG   | NG   | NG   | NG   | NG   | NG   | NG   |
| Defect   | 1          | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   |
| 1 Checked  | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 2 Dented Checked                                 | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 3 Leaker   | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 4 Slight / Moderate Stain                        | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 5 Prominent Stain                                | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 6 Adhering Dirt / Foreign Material               | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 7 Decidedly Misshapen                            | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 8 Large Calcium Deposits                         | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 9 Body Check                                     | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 10 Pronounced Ridges                             | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 11 Pronounced Thin Spots                         | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
| 12 No Defect                                     | ○          | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    | ○    |
|  | 1          | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   |

One for each egg!  
Ten total marks!

Mark all that apply!

All Classes 50pts each

**Exam 5pts Each  
1-10**

| Identification of Carcass Parts              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Part   | Part Number              |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| 1 Half                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Front Half                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Rear Half                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Whole breast with ribs                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Bnls., skinless whole breast with rib meat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Whole breast                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Bnls., skinless whole breast               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Split breast with ribs                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Bnls., skinless split breast with rib meat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Split breast                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Bnls., skinless split breast              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Breast quarter                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Breast quarter without wing               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Tenderloin                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Wishbone                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Leg quarter                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Leg                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Thigh w/ back portion                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Thigh                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Bnls., skinless thigh                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Drumstick                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Bnls., skinless drum                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Wing                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Drumette                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Wing portion                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Liver                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Gizzard                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Heart                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Neck                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Paws                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |

Mark one answer in each column!

| Exam |                     |
|------|---------------------|
| 1    | (A) (B) (C) (D) (E) |
| 2    | (A) (B) (C) (D) (E) |
| 3    | (A) (B) (C) (D) (E) |
| 4    | (A) (B) (C) (D) (E) |
| 5    | (A) (B) (C) (D) (E) |
| 6    | (A) (B) (C) (D) (E) |
| 7    | (A) (B) (C) (D) (E) |
| 8    | (A) (B) (C) (D) (E) |
| 9    | (A) (B) (C) (D) (E) |
| 10   | (A) (B) (C) (D) (E) |
| 11   | (A) (B) (C) (D) (E) |
| 12   | (A) (B) (C) (D) (E) |
| 13   | (A) (B) (C) (D) (E) |
| 14   | (A) (B) (C) (D) (E) |
| 15   | (A) (B) (C) (D) (E) |
| 16   | (A) (B) (C) (D) (E) |
| 17   | (A) (B) (C) (D) (E) |
| 18   | (A) (B) (C) (D) (E) |
| 19   | (A) (B) (C) (D) (E) |
| 20   | (A) (B) (C) (D) (E) |
| 21   | (A) (B) (C) (D) (E) |
| 22   | (A) (B) (C) (D) (E) |
| 23   | (A) (B) (C) (D) (E) |
| 24   | (A) (B) (C) (D) (E) |
| 25   | (A) (B) (C) (D) (E) |
| 26   | (A) (B) (C) (D) (E) |
| 27   | (A) (B) (C) (D) (E) |
| 28   | (A) (B) (C) (D) (E) |
| 29   | (A) (B) (C) (D) (E) |
| 30   | (A) (B) (C) (D) (E) |

| Boneless Further Processed Poultry Meat Products |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Defect   | Product Number           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| 1 Coating Void                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Inconsistent Color                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Inconsistent Shape / Size                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Broken / Incomplete                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Cluster / Marriages                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Foreign Material                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 No Defect                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |

Mark all that apply!

| Bone-In Further Processed Poultry Meat Products |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Defect  | Product Number           |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| 1 Coating Void                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Inconsistent Color                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Inconsistent Size                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Broken / Broken Bone                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Miscut  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Foreign Material                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 No Defect                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |

Mark all that apply!