

**REPORT OF LEAD REDUCTION MEASURES
IN MAPLE PRODUCTION AND PACKING OPERATIONS**
Commitment to Initiate and Comply with Lead Reduction Measures

FDA Registration Number: _____

State/Federal License Number: _____

1) Name of the Producer/Vendor: _____

Address: _____ City: _____ State: _____

Phone: _____

2) Name of the Syrup Buyer: **Anderson's Maple Syrup, Inc. – Cumberland, WI 54829**

3) Size of Your Maple Operation: Small (10,000 taps or less)
 Medium (10,000-20,000 taps) Large (more than 20,000 taps)

4) Processing Areas Free of Any Lead-Based Paint: yes no

5) All Syrup Filtered at 180°F or Higher: yes no

6) Percentage of Syrup Purchased or Sold in Lead Free Containers = _____%

7) Lead Containing Equipment Eliminated:*

Exhibit A:

- Spiles or Spouts
- Buckets and Pails
- Sap Gathering and
Storage Tanks
- Collection Tubing
- Syrup Storage

Exhibit B:

- Valves, Joints,
Connectors and Controls
- Pre-heaters, Piggy
Backs, and Steam-Away
- Syrup Pumps
- Evaporator Pans
- Finishing Tanks

Exhibit C:

- Sap Pumps
- Filling Units/Bottler
- Filter Tanks
- Filtering Units

*Producer/vendor needs to assist if they have equipment listed under Exhibits A, B or C that contain lead. For Best Practices and more information on Exhibits A, B & C:

<http://www.andersonsmapplesyrup.com/licensing>

Lead free equipment means stainless steel and/or food-grade materials as set forth in the NSF/ANSI 51-2012 standard, section 4.1.2. Please refer to:

<http://www.techstreet.com/products/1830051>

Name of Producer/Vendor Representative: _____ (print)

I hereby certify that our maple syrup production and packing facility will fully comply with the lead reduction measures as required. I also certify that all of the syrup sold to Anderson's Maple Syrup, Inc. was produced in the United States of America at the location listed above.

Authorized Signature of Producer/Vendor: _____ (sign)

Date: _____

Name of Buyer Representative: _____ (print)

I have reviewed this commitment of the producer/vendor of maple syrup.

Authorized Signature of Buyer: _____ (sign)

Date: _____



Anderson's Maple Syrup, Inc.
2388 40th Street
Cumberland, WI 54829
715-822-8512
Fax: 715-822-8535
www.AndersonsMapleSyrup.com