



## HUNTERS SHARING THE HARVEST

PENNSYLVANIA'S VENISON DONATION PROGRAM

218 Vernon Road,  
Greenville, PA 16125  
1-866-474-2141

September 2024

New and Potential HSH Participating Processors:

Thank you for joining HSH as a participating processor! You and your counterparts across Pennsylvania are the cornerstone of our success. We could not do what we do without you!

I'm pleased to announce that HSH participating processors helped us distribute a record-breaking and nation-leading 261,672 pounds of venison last season!

Please take the time to read the important program notes on the following pages before completing your Processor Agreement and documentation materials request.

You must complete each of the forms included with this packet. We also require a copy of your **USDA or PDA license or inspection**. If you do not have either, please complete the attached **Custom Deer Processor Application** and **mail to your regional PDA office** as instructed on the cover letter of the application. There is a \$35 fee payable to Pa. Dept. of Ag. upon inspection. **If submitting a CDP Application, do not send payment with your application. Do not send your application to HSH.**

Feel free to contact me with any questions about the enclosed or about participating with HSH. Thanks once again for helping HSH feed the hungry through the generosity of Pennsylvania deer hunters!

Best regards,

Randy K. Ferguson  
Executive Director

# Participating Deer Processors Registration/Renewal for 2024-25 Hunting Season

## IMPORTANT PROGRAM NOTES AND UPDATES

### To Renew For 2024-25 Season

If **nothing** has changed since last year's agreement, you can complete the attached Processor Renewal Agreement and return it. We DO need a new W-9 completed every year. Please complete the attached W-9 and return it with your renewal. If **anything** has changed on your agreement, your Workers Compensation Insurance Compliance Form, or if we do not have a copy of your USDA or Pa. Dept. of Ag license/certification, you will need to complete and return those items, so I have everything on file with accurate information. The integrity of the HSH venison charitable donation program is our highest priority and our records are completely transparent. We will send you the necessary reimbursement form, deer donor receipts, banner and supplies as requested on your renewal form. When approved, you will be added to the 2023-24 list of participating processors published on our website and in our information packets.

### For New First-Time Processors

If you would like to join our team, please fill out and return the enclosed 2023 Participating Processor Agreement form found in this packet or on the website at [www.sharedeer.org/resources/ Participating Meat Processor Agreement](http://www.sharedeer.org/resources/Participating%20Meat%20Processor%20Agreement). Everything you need to get registered and become part of the HSH processor network is included in this packet and is available ready to download and print on our website. You can also call toll free 866-474-2141 or contact an HSH county coordinator in your area listed on the website at <https://www.sharedeer.org/area-coordinators/> for more information.

### NEW – Venison Pickup Record Required for Reimbursement

All HSH participating processors will need to complete the **NEW Venison Pick-up Record (VPR)** included in this packet. Every time an agency or HSH coordinator picks up venison at your shop, they will need to sign the form, complete the contact information and how many pounds of venison they received. Do not lose this form! It must be submitted along with your **Processor Reimbursement Form** and **Hunter Donor Receipts** at the end of the season.

### NEW – HSH Operating Season Defined

The HSH Board of Directors recently implemented a policy officially defining our operating season as **August 1 through April 15 annually**. **HSH will only accept deer harvested and donated during this period**. We will not accept deer harvested from April 16 – July 31. This policy is in effect as of August 1, 2024.

### Partial Deer Donations

If a hunter wants to donate a portion of their deer, **they must pay you the full processing fee** and **you cannot submit that deer for reimbursement**. This is the only way for HSH to control our costs when donors keep part of their deer. Our reimbursement agreement is negotiated at a whole deer rate. We have no mechanism to reimburse for partial deer. If you or a deer donor have any questions, please feel free to contact HSH at 866-474-2141 or email [randy@sharedeer.org](mailto:randy@sharedeer.org).

### HSH is your only compensation for donated deer

**HSH participating processors cannot accept additional compensation for the processing of donated deer from any other sources but HSH**. In other words, you can't "double dip" by accepting payment from HSH and the hunter or any other entity without an agreement signed by all parties. You will need to acknowledge and agree to this on the annual agreement/renewal form.

### CWD Protocol – Know it and follow it

Please note the PGC's rules on transporting deer from Disease Management Areas (DMAs), the Established Area (EA) and across state lines changed in 2023, as detailed in the attached letter and CWD Protocol. You will need to be able to comply with the protocol and be on the PGC's list of cooperating processors in order to accept donated deer harvested in a DMA, EA or out-of-state.

If you're not on the approved processor list, or you don't have sufficient freezer space to hold quarantined venison awaiting test results, you can **opt-out** of accepting donated deer from these areas. Just let me know so we can notate it on your listing on the HSH website. **ALL deer harvested for donation in one of the CWD special areas must follow the CWD Protocol, including Ag Tag, DMAP, USDA culls and depredation permit deer!**

### **Reminder about deer processor inspection/registration for HSH purposes**

As a participant in Hunters for Sharing the Harvest, your deer processing establishment must be compliant with federal and/or state laws. If your processing establishment is approved and inspected by USDA and those same processing facilities are used for custom deer processing, you do not need Registered with the PA Department of Agriculture (PDA). Only facilities not already inspected by USDA or PDA and who are providing custom deer processing services require registration and inspection by PDA. If any additional retail food store or food processing operation exists at this same establishment, please contact the Department to discuss proper licensing.

Enclosed is the Custom Deer Processor application from the Pennsylvania Department of Agriculture for compliance with the Food Safety Act of 2010 (3 C.S. §§5721 – 5737). The registration application and inspection requirements were specifically developed between HSH and the Pa. Dept. of Ag. Our goal is to minimize any inconvenience and make registration easy and affordable, while ensuring uniform food safety criteria and quality control in the future. The integrity of the HSH venison charity is a foremost concern. This is a state requirement that will yield positive benefits for you as a processor and ultimately the consumers receiving food assistance. The CDP certification costs only \$35.

**When completed, mail your CDP Application to your regional PDA office as directed on the cover letter of the application. Do not send payment at the time of application. Do not mail the application to HSH!**

Again, **you do not need to complete the CDP application if you are already inspected or certified by USDA or PDA.** If so, simply include a copy of your current inspection/certification with your agreement/application materials.

# Hunters Sharing the Harvest Three-Step Process for Participation

Please read carefully before completing your registration materials. We urge you to call **866-474-2141** or email [randy@sharedeer.org](mailto:randy@sharedeer.org) if you have any questions.

## **STEP ONE - GET APPROVED!**

1. **Fill out and sign the Processor Agreement Form (or Renewal Form)** and email it, or mail back ASAP.
2. **Fill out Form W-9** Please fill it out completely and include it with your **Agreement or Renewal** form. **This form must be completed annually.**
3. **PA Workers Compensation Compliance Form** If you have employees and pay workers compensation, please fill out and return this form with a copy of your insurance certificate. If you are a Sole Proprietor without employees, you are not required to carry workers compensation insurance. Just fill out the form, write **"NO EMPLOYEES"** and return it. If you didn't have employees last year and do this year, we will need the form filled out and a copy of the insurance certificate. **This form needs to be completed only if we don't have one on file or if there are changes from the form on file.**
4. **Please submit all materials by September 27, 2024.** Once approved, you will be sent a supply of Donor Receipts, Reimbursement Forms and Meat Bags.

## **STEP TWO - GET DONOR RECEIPTS SIGNED and COMPLETE NEW VENISON PICKUP RECORD (VPR)**

The deer donor receipt is a three-part form filled out by the hunter donating the deer. One copy is for the hunter, one copy is sent with the HSH Reimbursement Form for payment, and you keep one copy for your records. **PLEASE NOTE! You will not be reimbursed without a legible copy of a donor receipt included for EACH deer processed. These must be returned with your Reimbursement Form for payment to be made.**

**IMPORTANT:** Information on the donor receipt needs to be complete and clearly legible, including name, address, email, method of take, sex of deer, special tags/permits (if applicable), etc. These forms are how we track the meat and our way to follow up with a thank you letter and HSH Donor Decal to the hunter for donating the deer!

**The NEW Venison Pick-up Record (VPR)** must be **signed by each group/agency or HSH coordinator who picks up venison** from your shop. To be reimbursed, you must return this completed form along with your Processor Reimbursement Form and all Deer Donor Receipts at the end of the season.

## **STEP THREE - GET PAID!**

Complete the **Processor Reimbursement Form** and submit it with copies of **Hunter Donor Receipt(s)** for EACH deer donated as well as the completed **Venison Pick-up Record (VPR)**. Mail all materials to: **Hunters Sharing the Harvest, 218 Vernon Road, Greenville, PA 16125**

**The deadline to submit reimbursement requests for the 2024-25 season is April 30, 2025.**

**ADDITIONAL BAGS & SUPPLIES:** Additional donor receipts, forms, meat bags, shop banners and materials are available by calling the HSH office at 866-474-2141, ordering online at [www.sharedeer.org/resources/](http://www.sharedeer.org/resources/) or by emailing [randy@sharedeer.org](mailto:randy@sharedeer.org). Regarding our NRA-sponsored meat bags, please use the 1 and 2 lb. bags. **We are phasing out the 5lb bags due to costs and increased demand for 1lb and 2lb bags from the food banks.** If you cannot use 1# or 2# bags, please call Randy Ferguson at 866-474-2141 to discuss options.

# HUNTERS SHARING THE HARVEST

## 2024-2025 NEW PARTICIPATING MEAT PROCESSOR AGREEMENT

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AGREED RATE PER-DEER \_\_\_\_\_ BUSINESS TAX ID# (EIN OR SSN) \_\_\_\_\_

MAKE CHECK PAYABLE TO (MUST MATCH EIN or SSN) \_\_\_\_\_

Please mark all acknowledgments below in order to enter into an agreement with Hunters Sharing the Harvest for this season. You acknowledge by signing this form that all information is correct including Workers Compensation Insurance Compliance Form and insurance certificates, contact information, PDA or USDA inspection and processing rate. If not, you agree to send the necessary paperwork by downloading the forms from [www.sharedeer.org/resources](http://www.sharedeer.org/resources) or requesting them from headquarters, and mailing them to **Hunters Sharing the Harvest, 218 Vernon Road, Greenville, PA 16125** or email to [info@sharedeer.org](mailto:info@sharedeer.org).

\_\_\_\_ I agree the reimbursement I receive from HSH is the ONLY compensation I will receive for processing donated deer.

\_\_\_\_ I have a current PDA Custom Deer Processor inspection/certificate, Retail Processing Certificate or USDA inspection.\*

\_\_\_\_ I have adequate freezer and/or cold storage space to safely store processed venison until pickup.

\_\_\_\_ I agree to have each hunter fill out a Donor Receipt for **each deer donated** and include a copy with my Reimbursement Form.

\_\_\_\_ I will document all venison that leaves my shop on the **NEW Venison Pickup Record** per the instructions therein.

\_\_\_\_ I will comply with the **HSH CWD Protocol**. If unable, I will opt-out of accepting deer harvested in a DMA or other state.

### REQUEST FOR MATERIALS:

\_\_\_\_ I need HSH Promotional Brochures/Literature. List quantity needed: \_\_\_\_\_

\_\_\_\_ I need HSH Meat Bags: List quantity needed: 1 lb. \_\_\_\_\_ 2 lb. \_\_\_\_\_ 5 lb. (limited supply) \_\_\_\_\_

\_\_\_\_ I need HSH Donor Receipts. List quantity needed: \_\_\_\_\_

\_\_\_\_ I can't use chub bags, need stickers instead. Randy will contact me.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

**ALL AGREEMENTS MUST BE RECEIVED BY SEPTEMBER 27, 2024**

\*As of 2012 HSH participating deer processors handling venison for public food assistance charities must be inspected and certified with a specific PA Dept of Agriculture deer processor registration. **Note:** This requirement is waived if your business is already registered by another county health department, the state Agricultural Licensing Departments or USDA. (Examples include Retail Food Facility registration; Meat or Food Establishment registration; Wholesale registration; Eating & Drinking Establishment License, etc.). For information on necessary inspection/registration specific to HSH, please contact the PA Dept. of Agriculture Bureau of Food Safety, 717-787-4315 or HSH, 866-474-2141.



**HUNTERS SHARING THE HARVEST**

218 Vernon Road, Greenville, PA 16125 • [www.sharedeer.org](http://www.sharedeer.org)

Ph: 1-866-HSH-2141 Email: [info@sharedeer.org](mailto:info@sharedeer.org)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____
	<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> S Corporation	
	<input type="checkbox"/> Partnership	(Applies to accounts maintained outside the U.S.)
<input type="checkbox"/> Trust/estate		
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ►		
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# HUNTERS SHARING THE HARVEST

PENNSYLVANIA'S VENISON DONATION PROGRAM

218 Vernon Road,  
Greenville, PA 16125  
1-866-474-2141

## To: HSH Processors

## PA Workers Compensation Insurance Compliance Form

Dear Processor:

Please fill out and mail back with copy of insurance certificate if needed, to the address above as quickly as possible. Business name should be the same as on form W-9. Thank you for helping HSH be in compliance.

Statement:

As a participating HSH Processor I hereby state that I am not an employee of Hunters Sharing the Harvest charitable venison donation program, but a subcontractor (sole proprietor) who has signed a valid agreement with HSH for donated deer meat processed and distributed to area Food Banks. I work my own schedule, supply my own tools and work in my own facility inspected and registered by the PA Dept of Agriculture Bureau of Food Safety. In addition I am fully responsible for decisions on how best to complete the task for my customers, the hunters donating deer to the HSH program.

Please check one: I am

**Sole Proprietor w/o employees. No certificate required.**

**Sole Proprietor with employees. Enclosed is Workers Compensation Insurance Certificate.**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signed \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

Definitions of Sole Proprietor from SWIF (State Workers' Insurance Fund) website

### What If I Use Subcontractors?

Pennsylvania Workers' Compensation Act Section 302 (a) & (b) provides that a contractor is responsible for the payment of compensation benefits to employees of uninsured subcontractors. Contractors shall not subcontract all or any part of contract unless the subcontractors used have presented proof of insurance. Consequently, all contractors should keep workers' compensation certificates of insurance on file to prove coverage.

### What If the Subcontractor is a Sole Proprietor?

Sole Proprietors with no employees are not required to carry workers' compensation insurance. However, detailed information must be provided to SWIF to prove that the individual is a true independent contractor. If SWIF determines that the sole proprietor is your employee, you will be charged for his/her payroll as per the appropriate classes on your policy. It is your responsibility to provide SWIF with all appropriate documentation to resolve their employment status. Currently workers compensation coverage for sole proprietor(s) is available through the State Workers' Insurance Fund.



**pennsylvania**  
DEPARTMENT OF AGRICULTURE  
BUREAU OF FOOD SAFETY & LABORATORY SERVICES

# APPLICATION PACKET

## DEER PROCESSOR HUNTERS SHARING THE HARVEST PROGRAM

*Processing of wild caught and field dressed Deer ONLY, and not under USDA inspection*

- Cover Letter & Mailing Addresses ..... Page 2
- **Application for Custom Deer Processor** ..... **Pages 3 – 5 (Required)**
- Guidelines – Self Inspection Checklist ..... Pages 6 – 7



**FOOD ESTABLISHMENT REGISTRATION APPLICATION AND PLAN REVIEW**  
**CUSTOM DEER PROCESSOR**

As a participant in the Hunters for Sharing the Harvest program your deer processing establishment must be compliant with federal and/or state laws. Enclosed are the necessary forms and applications for obtaining a Registration from the Pennsylvania Department of Agriculture under the Food Safety Act of 2010 (3 C.S. §§5721 – 5737) as a custom **Deer Processor**. This registration application and inspection requirements has been specifically developed in partnership with and in consultation with the Hunters Sharing the Harvest Program's deer processor/directors Rick Fetrow, Kip Padgelek and Lorne Peters. Our goal is to minimize any inconvenience and make registration easy, while ensuring uniform food safety criteria and quality control in the future. Please note the integrity of the HSH venison charity is a foremost concern, and this change is a state requirement that will yield long-term positive benefits for you as a processor, as well as for the ultimate consumers receiving food assistance.

If your processing establishment is approved and inspected by USDA, US Department of Agriculture, and those same processing facilities are used for custom deer processing, you do not need Registered with the PA Department of Agriculture (PDA). Only facilities **not** inspected by USDA and who are providing custom deer processing services require registration and inspection by PDA. If any additional retail food store or food processing operation exists at this same establishment, please contact the Department to discuss proper licensing.

All material must be submitted at least **60 days prior** to **construction, remodeling, alteration of a facility, change in type of food operation, new ownership or the preparation/sale of foods from a food establishment AND at LEAST 60 days prior to opening**. Failure to provide all required information could delay your plan review.

The Department of Agriculture, Program Specialist, will review the plans and notify you of its approval/ disapproval. Please allow **4 – 6 weeks** for processing. Once you receive your approval, notify your Food Inspector or regional office at least **ten (10) days prior** to production to arrange an inspection. Inquiries regarding your application status should be directed to 717-787-4315 or [RA-AGPlanReview@pa.gov](mailto:RA-AGPlanReview@pa.gov).

All material **must be fully completed** and returned with any necessary accompanying documentation to:

**RA-AGPLANREVIEW@pa.gov**

or mail / fax to:

**Pennsylvania Department of Agriculture**  
**Bureau of Food Safety and Laboratory Services**  
**Attn: Plan Review**  
**2301 N. Cameron St, Room 112**  
**Harrisburg, PA 17110**

**Fax: 717-787-1873**

**FOOD ESTABLISHMENT REGISTRATION APPLICATION AND PLAN REVIEW**  
**CUSTOM DEER PROCESSOR**

*This Application is intended for ONE establishment location.*

As a registered Deer Processor, you may label your product or packaging, publications, advertisements, etc. with the following abbreviation “Reg. Penna. Dept. Agr.”

**ESTABLISHMENT INFORMATION**

**NAME OF ESTABLISHMENT** (Common public name): \_\_\_\_\_

**ADDRESS OF BUSINESS** (LOCATION OF THE FOOD ESTABLISHMENT):

Facility street number and name	City	State	Zip code
County	Township/Borough		
( _____ )	( _____ )		
Facility phone number	Facility fax number		
Facility email address	( _____ ) Facility cell number or alternate phone number		

**MAILING ADDRESS** (If Different Than Above):

Street number and name	City	State	Zip code
------------------------	------	-------	----------

**PROPRIETOR/OWNER TYPE:**    SOLE PROPRIETOR    CORPORATION    NON-PROFIT OR ASSOCIATION  
 PARTNERSHIP    LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)

**LEGAL BUSINESS NAME** (if different than establishment name): \_\_\_\_\_

**LEGAL OWNER MAILING ADDRESS** (if different than above mailing address):

Owner street number and name	City	State	Zip code
( _____ )	( _____ )	Owner e-mail address	
Owner phone number	Owner fax number		

*Please fill in the detailed information on owner / proprietorship on page 7 of this application.*

**WATER, SEWER, WASTE INFORMATION**

*Issuance of a Food Establishment Registration in no way implies that this Establishment is compliant with any other state or local rules relating to water, sewer, zoning or building codes of any kind. It is the applicant responsibility to assure they are compliant with all other state or local rules and regulations.*

**WATER:** The Establishment is using:

- A public / municipal water supply. Supplier: \_\_\_\_\_ (ex: PA American Water Company)
- A non-municipal / private water supply (example: well water) regulated by DEP. These water supplies must be reviewed by DEP to determine if they are “public” water systems. DEP, Department of Environmental Protection, can be reached at 717-787-9633. Submit written documentation of DEP regulated public water supply, such as your assigned Public Water Supply (PWS) number. Change of owners must contact DEP to update information even if a PWS number exists for the facility.
- A non-public water supply (one not regulated by DEP). A coliform and nitrate/nitrate test must be completed and current. A copy of the results **MUST** be attached to this application (**See Instructions for testing protocols**).

**FOOD ESTABLISHMENT REGISTRATION APPLICATION AND PLAN REVIEW**  
**CUSTOM DEER PROCESSOR**

**SEWER:** The Establishment is using:

A municipal/public sewage disposal system. Name of Sewage Authority: \_\_\_\_\_

A non-public sewage disposal system (examples; Sand mounds, holding tanks). For on-lot sewage disposal systems, please contact the certified Sewage Enforcement Officer for your municipality and discuss if the current sewage disposal system is appropriate for your food establishment. This would not apply if the establishment is connected to an approved municipal supply, as listed above.

**REFUSE/MEAT SCRAP DISPOSAL:**

The food establishment refuse (trash) collector will be: \_\_\_\_\_ (company name)  
 List any other Refuse or waste collection companies (ex: grease collection, food scraps, meat rendering, etc...): \_\_\_\_\_

**OPERATIONAL INFORMATION**

Which **months** of the year do you plan on processing? \_\_\_\_\_

List which **days** of the week and **times of day** you will *most likely* be processing? \_\_\_\_\_

**FLOOR PLANS for NEW DEER PROCESSORS**

Although NOT required by Law, New Food Establishments that would like the Department to review and provide comments on plans for their establishment to assure compliance with Codes may voluntarily submit a blue print – or simple hand-draw sketch – of the proposed food processing establishment layout and a listing of proposed equipment. Simply attach your plans to this application.

**HEALTH POLICY**

As a food establishment providing a food processing services to the public, it is your responsibility to assure that you and any food workers are in good health and not ill with any illness that could be transmitted in food. Please have a plan in place to deal with times when you may not be feeling well but have processing jobs to do. An employee health policy establishes how to handle ill food workers, including you, during processing times.

**ALL APPLICANTS READ AND SIGN**

This application and all other requested materials, as listed above, should be **submitted to [RA-AGPlanReview@pa.gov](mailto:RA-AGPlanReview@pa.gov) or the Harrisburg Office via mail/fax**, as listed on the cover letter. Please allow 4-6 weeks for processing of your application from the date of submission. You may be contacted by the Plan Review Specialist requesting further clarification or information and will provide you with final approval/disapproval (including the reasons) via email or mail of this application. Next, an on-site inspection **must occur prior to** registration and operating.

**DO NOT SEND ANY MONEY WITH THIS APPLICATION.**

***There are NO fees associated with this Application. Registration fees will be collected upon a compliant inspection. Initial registrations and annual renewals are \$35.00 made payable to the “Commonwealth of PA”***

**FOOD ESTABLISHMENT REGISTRATION APPLICATION AND PLAN REVIEW  
CUSTOM DEER PROCESSOR**

*The Applicant understands and agrees that this document is an application for the **Registration of a deer processing establishment only**. The applicant understands and agrees that only a "proprietor" of this operation may obtain the registration; and that a "proprietor" may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that the person or entity listed below is the "proprietor" of the food establishment that is the subject of this application. By signature on this application the proprietor confirms that the business is operating a deer processing establishment that has been approved by the local municipality with regards to any water, sewer, zoning or building codes requirements. Additionally, any other local, state, or federal rules and regulations that may be applicable are in compliance. The applicant verifies that all statements and information in this application are true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.*

**INDIVIDUAL PERSON:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legibly Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

**PARTNERSHIP:**

_____ Signature – General Partner	_____ Signature – General Partner
_____ Legibly Print Name	_____ Legibly Print Name
_____ Date	_____ Date
_____ Date of Birth	_____ Date of Birth

**CORPORATION OR ASSOCIATION / NON-PROFIT ENTITY:**

\_\_\_\_\_  
Name of Corporation or Non-Profit Entity

_____ Name of current CEO/President/or similar	_____ Official Title	_____ Date of Birth of CEO/President/or similar
_____ Signature of Corporate / Association / Non-Profit Official		_____ Official Title of Signatory
_____ Legibly Print Name		_____ Date

**LIMITED LIABILITY COMPANY (LLC) OR LIMITED LIABILITY PARTNERSHIP (LLP):**

\_\_\_\_\_  
Name of LLC or LLP

_____ Name of Senior Official/General Partner, or Similar	_____ Official Title	_____ Date of Birth of Senior Official/General Partner, or Similar
_____ Signature – Member	_____ Date	_____ Signature – Member
_____ Legibly Print Name	_____ Legibly Print Name	_____ Date

**.....OFFICIAL USE ONLY.....**

**LICENSE TYPE:**  RETAIL FOOD LICENSE – PERMANENT       LICENSE EXEMPT – BUT INSPECTED

**APPROVAL**

Approval date \_\_\_\_\_ Applicant contacted date \_\_\_\_\_ Method \_\_\_\_\_

**DISAPPROVAL**

Disapproval date \_\_\_\_\_ Applicant contacted date \_\_\_\_\_ Method \_\_\_\_\_

Reasons for denial: \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

*\*REMINDER: IN ALL CASES, A FACILITY RECORD MUST BE CREATED IN PAFOODSAFETY AND THE APPLICATION SCANNED AND ATTACHED TO THE FACILITY RECORD*

<b>SELF INSPECTION CHECKLIST HUNTERS SHARE THE HARVEST DEER PROCESSORS</b>
--

**Personal Hygiene:**

- There is a strict personal hygiene policy in place.
- Outer clothing worn while processing will be neat and free from any contamination. Dirty clothing, aprons, uniforms and similar are removed or replaced when they become overly soiled and could be a source of contamination of the meat.
- A handwashing sink with hot and cold running water, soap and paper towels is conveniently located in the processing area, is accessible at all times and used frequently.
- Hair restraint is worn by all persons accessing the processing area when processing is occurring.
- Disposable gloves are properly used when possible for processing.
- Hands are frequently washed throughout the day or anytime when they may have become contaminated.
- There is no smoking, eating or drinking in the processing or storage areas. This will only occur in designated areas that will not contaminate food or food contact surfaces.
- No employee or owner will handle or process food when ill with fever, diarrhea, or gastrointestinal illness or if diagnosed with a foodborne illness.
- Any cuts or lesions on the hands or arms will be effectively covered with an impermeable bandage and covered with a properly used glove.

**Storage Temperatures:**

- Refrigerators are all below 41°F.
- Freezers are holding all foods in a frozen state (Approximately 0°F).
- A thermometer is in place and functioning in every refrigerator or freezer.
- Temperatures are monitored frequently throughout the day.
- Temperature log sheets records are maintained and on file for review.

**Meat Handling:**

- Meat product is properly processed under sanitary conditions.
- All equipment for processing meat including cutting boards, knives, saws, grinders and similar have been properly cleaned and sanitized prior to use.
- Meat product is quickly packaged after processing and immediately stored under refrigeration.
- Diseased or damaged meat is not processed or used.
- By-product scraps are properly stored and disposed of in a manner not contaminating useable meat.
- Meat is protected from chemical hazards such as sanitizers, cleaners and similar.
- Meat is protected from physical hazards such as glass, acrylic fingernails, bandages, hair, dirt, unprotected light bulbs and similar.
- Meat is protected from biological hazards such as harmful bacteria, viruses, parasites, and fungus that would render the product unsafe for human consumption.

**Cleaning and Sanitizing:**

- A cleaning schedule is established for cleaning and sanitizing of all food and non-food contact surfaces.
- Cleaning of equipment NOT used in a cold room that is below 41°F is cleaned and sanitized every 4 hours.
- Cleaning of equipment stored and used in cold rooms (below 41°F) are cleaned and sanitized every 24 hours.
- Cleaners used are approved for food contact surfaces.
- All equipment properly sanitized with an approved sanitizer (Chlorine or Quaternary Ammonia) at safe concentrations.
- Test strips for sanitizers are available and used for testing of the sanitizer concentrations.
- All chemicals are properly stored, labeled and used.

**Pest Control:**

- The establishment is free of pests such as insect and rodents or similar.
- Measures are in place to prevent entrance of pests (screens, door sweeps, closed sealed doors).
- Pest monitoring is regularly occurring (such as glue boards or visual inspections).
- If needed, a current pest control service is contracted.
- Only a certified pest control operator shall apply any restricted use pesticides to my establishment.
- If used, pest control records are available for review.
- Use of glue boards or rolls, electrocuters, bug lights, rodent traps and similar are being done in a manner not to contaminate the meat or food contact surfaces.

**Overall establishment maintenance and operation:**

- The establishment is maintained in overall sanitary conditions.
- Unnecessary equipment or broken equipment is removed from the processing area.
- The processing area is maintained in a manner that allows it to be easily cleaned.

**Handling of Field Killed Game:**

- Field game may not be hung in a cooler or chill room prior to being skinned, thoroughly washed and cleaned out.
- Decomposed or otherwise unwholesome game may not be accepted for cutting or processing.
- The cutting and processing of game may only be conducted separately from that of livestock and carcasses. Cutting and processing of carcasses and meat derived from livestock must be finished prior to the introduction of game for cutting and processing. When the cutting and processing of the game is completed, the facilities and equipment must be thoroughly washed and sanitized prior to cutting and processing of other carcasses and meat.
- Any carcasses or meat found to be in contact with or have been contaminate by field killed game may be subject to disposal or detention by the Department.

*Please note that this checklist is not intended to be an all-inclusive list of items relating to food safety or to replace any regulatory requirements not mentioned herein.*



## CWD Safety Protocol for Hunters and HSH Participating Processors

Controlling the spread of CWD is of paramount importance to the health and sustainability of Pennsylvania's deer herd. While there has been no connection made between the consumption of deer with CWD and human contraction of the disease, the Centers for Disease Control (CDC) recommend refraining from consumption of CWD-infected deer. For this reason, HSH has long had a protocol in place to ensure that no CWD-infected venison reaches the public food system. The following document is meant to make clear the process by which a hunter can safely and legally donate a deer harvested out-of-state, in a Disease Management Area (DMA) or Established Area (EA). It also details the required handling of donated deer by HSH Participating Processors who are on the Pennsylvania Game Commission's (PGC) list of Approved Cooperators for processing of out-of-state and DMA-harvested deer.

### For Hunters:

For deer harvested outside of Pennsylvania, in a Disease Management Area (DMA) or Established Area (EA), please follow these steps:

- Legally harvest and tag your deer.
- Follow PGC guidelines for responsible field dressing and handling of high-risk parts. See the following link for more information: [www.arcg.is/1G4TLr](http://www.arcg.is/1G4TLr) under "What Hunters Should Know."
- Transport your deer to a HSH Participating Processor that is also a PGC Cooperator – **Note: deer from out-of-state or from a DMA or EA can only be donated at processors who are on both HSH's list of participating processors and the PGC's list of approved cooperators.**
- **You must inform the processor** the deer came from a DMA, EA or out-off-state. You must also check the "Other" box in the Special Tag/Permit area on the HSH donor receipt and write "DMA", "EA" or "OOS" to indicate the donated deer came from a DMA, EA or Out-of-State.
- **You must have your deer tested for CWD** by placing the head (with harvest tag) in a head collection bin (free of charge) or by sending it directly to the lab (a fee will apply). Learn more about this process here: [www.arcg.is/1G4TLr](http://www.arcg.is/1G4TLr) under "Head Bins & Dumpsters."
- **You must provide a copy of the test results to the processor** when you receive the results of the CWD test so the donated venison can be released for distribution or disposed of. The PGC no longer mails "not detected" results. You will need to print the screenshot of your results from the lookup page or otherwise share those results with the processor. This communication back to the processor is critical, as donated venison will be destroyed if the processor doesn't receive test results within a reasonable period.

(continued)

## **For HSH Participating Processors:**

To accept deer harvested out-of-state, from a Disease Management Area (DMA) or Established Area (EA), please follow these steps:

- **Your business must be on the PGC's list of approved cooperators.** The PGC will be sending letters to all processors in August of 2023 with requirements and an application/agreement for you to submit for review and approval.
- Make sure the hunter or your staff check the "Other" box in the Special Tag/Permit area on the HSH donor receipt and write "DMA", "EA" or "OOS" to indicate the donated deer came from a DMA, EA or Out-of-State.
- **The deer must be quarantined** in cold storage while a head test is performed.
  - Testing is the hunter's responsibility.
  - The hunter must provide you with a copy of the head test results when received.
  - If CWD is not detected, the meat can be released to the food banks.
  - If CWD is detected, the meat must be disposed of according to PGC guidelines.
- If a deer found to be positive for CWD was processed before being quarantined, HSH will reimburse you at the agreed rate, even though it had to be destroyed/disposed of.
- If a deer found to be positive for CWD was quarantined as a whole deer, HSH will not reimburse processing expenses.
- You may determine a reasonable period that you will quarantine donated venison, considering that average turnaround times for head tests can approach 4 weeks or more. If a hunter hasn't reported test results back within that time, you can either contact the hunter as a courtesy to check on the status or dispose of the donated venison. ***We ask that every reasonable attempt be made to secure the test results before resorting to disposing of donated meat.***
- To be reimbursed, **you must include a copy of CWD test results with the associated donor receipts** when submitting receipts and your reimbursement form to HSH.

*As an HSH Participating Processor, you have the right to refuse donated deer that were harvested out-of-state, in a DMA or EA if you do not have adequate cold storage to quarantine processed venison or whole deer while awaiting head test results, or if you do not feel you can comply with the above requirements.*

*If you do not wish to accept donated deer from a DMA, EA or out-of-state, please inform HSH at [info@sharedeer.org](mailto:info@sharedeer.org) or 866-474-2141. We will add that note to your business listing on our website.*

*Opting out of accepting donated deer does not affect your ability to accept deer for personal consumption as a PGC Approved Cooperator.*

If you have questions about this protocol, please call 866-474-2141 or email [info@ShareDeer.org](mailto:info@ShareDeer.org).



# HUNTERS SHARING THE HARVEST

## VENISON PICK-UP RECORD (FOR PROCESSORS)

Processing Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions:** Every Agency/organization or HSH Coordinator picking up donated venison must sign this form with the information requested. If an HSH Coordinator picks up the meat, "HSH" should be listed as the Agency/Organization and the coordinator must sign the sheet. The total pounds listed on this form **must match** the total pounds reported on your Processor Reimbursement Form. **This completed form must be submitted along with your Processor Reimbursement Form and Donor Receipts no later than April 30.** The address for returning the form is on the back of this page.

Date	Agency/Organization Name	Address	Phone #	Pounds Rec'd	Pick-up Person Signature
Total				Pounds:	

*\*Additional columns on back, if needed.*

Date	Agency/Organization Name	Address	Phone #	Pounds Rec'd	Pick-up Person Signature
<b>Total Pounds:</b>					

Mail or email completed form along with your Processor Reimbursement Form and Donor Receipts to:

Hunters Sharing the Harvest  
 218 Vernon Rd.  
 Greenville, PA 16125  
[randy@sharedeer.org](mailto:randy@sharedeer.org)

**Deadline:** April 30, 2025

# Special Savings for Hunters!



CHECK OUT THESE EXCLUSIVE SAVINGS BY ULTRASOURCE!



**10% OFF**  
List Mineral Oil



**11% OFF**  
List Pouches



**10% OFF**  
List UltraKnives  
& Steels



**5% OFF**  
List Bekina  
Stepelite EASYGRIP  
Boots

PROUD PARTNER OF **HUNTERS SHARING THE HARVEST**

UltraSource is proud to partner with Hunters Sharing the Harvest. Hunters Sharing the Harvest connects deer hunters with local butchers and meat processors where venison can be safely prepared as a donation. All venison is donated locally to food banks, soup kitchens, and shelters.

Take advantage of these special savings offered exclusively to processors participating in the program. First time customers purchasing \$100 or more will also receive a New Customer Welcome Kit!

If you have questions about these offers or need assistance with placing an order, feel free to contact an Operational Supplies Specialist near you.

## NEW CUSTOMER WELCOME KIT

*\*Eligible for brand new customers with a purchase of \$100 or more.*

### \*INCLUDES:

- 1 Colored Spray Nozzle
- Gloves (1 Box)
- 1 Heavy Duty Nitrile Apron
- 4 Knives
- Mineral Oil (4 oz.)
- Seasoning
- Sleeves
- String Knit Gloves
- 1 UltraTote
- 1 UltraTote Lid



**CONTACT YOUR  
SUPPLIES SPECIALIST  
TO LEARN MORE!**

**Carol Kraft**

OPERATIONAL SUPPLIES SPECIALIST

P: 816.841.3068

E: [Carol.Kraft@UltraSourceUSA.com](mailto:Carol.Kraft@UltraSourceUSA.com)



EQUIPMENT & SUPPLIES FOR THE MEAT & FOOD INDUSTRY

800.777.5624

[UltraSourceUSA.com](http://UltraSourceUSA.com)