



MEATWORKS BEEF CUTTING INSTRUCTIONS

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HOURS OF OPERATION 7:00AM - 4:00PM

LIVESTOCK RECEIVING HRS MON - FRI 1:30PM - 3:30PM SUN 12:00PM - 1:00PM

CUSTOMER NAME			FARM NAME	
PHONE #	# OF ANIMALS	PEN #	KILL DATE	ORDER #
ANIMAL ID (S)/LIVE WEIGHT				
LOT #/CARCASS ID (S)				
THICKNESS: 1"__ 1.25"__ 1.5"__ ROAST WEIGHTS: 2-3LBS__ 3-4LBS__ 4-5LBS__				
BEEF SHOULDER				
CHECK ONE: 1132 SHOULDER POT ROAST__ 1133 SHOULDER STEAKS__ 1727 STEW MEAT__ GRIND__				
SPECIAL INSTRUCTIONS:				
BEEF CHUCK *CARCASSES >30 MO WILL BE BONELESS (1151, 1158) & NECK BONES (1165) WILL NOT BE AVAILABLE				
CHECK ONE: 1150 CHUCK POT ROAST BI__ 1152 CHUCK STEAKS BI__ GRIND__				
SPECIAL INSTRUCTIONS:				
BEEF BRISKET/SHANKS				
CHECK ONE: 1615 WHOLE__ HALF (1628 POINT/1623 FLAT)__ GRIND__ 1165 NECK BONES: YES / NO				
1636 CROSS CUT SHANKS: YES / NO 1765 MARROW BONES: YES / NO 1768 SOUP BONES: YES / NO				
BEEF MISCELLANEOUS				
1124/1259 SHORT RIBS: YES / NO 1581 FLANK STEAK: YES / NO 1607/1612 SKIRT STEAKS: YES / NO				
SPECIAL INSTRUCTIONS:				
BEEF RIB				
CHECK ONE: 1193 RIBEYE ROAST BI__ 1197 RIBEYE STEAKS BI__				
SPECIAL INSTRUCTIONS:				
BEEF LOIN *CARCASSES >30 MO WILL BE BNLS STRIP STEAKS (1404)				
CHECK ONE: 1330/1369/1398 PORTER HOUSE/T-BONE STEAKS__ 1398 STRIP STEAKS BI__ 1404 STRIP STEAKS BNLS__				
CHECK ONE: 1386 TENDERLOIN ROAST__ 1388 TENDERLOIN STEAKS__				
SPECIAL INSTRUCTIONS:				
BEEF TOP/BOTTOM SIRLOIN *IF YOU SELECT BI SIRLOIN STEAKS YOU WILL NOT RECEIVE A CAP ROAST (1420)				
CHECK ONE: 1358 TOP SIRLOIN STEAKS BI__ 1426 CENTER CUT TOP SIRLOIN STEAKS__ GRIND__				
1326 SIRLOIN STEAK TIPS: YES / NO 1429 TRI-TIP ROAST: YES / NO 1420 SIRLOIN CAP ROAST: YES / NO				
BEEF ROUND				
CHECK ONE: 1526 ROUND TIP ROAST__ GRIND__				
CHECK ONE: 1454 TOP ROUND LONDON BROIL__ 1553 STEAK__ GRIND__				
CHECK ONE: 1519/1464 BOTTOM RUMP/ROUND ROAST__ 1727 STEW MEAT__ GRIND__				
CHECK ONE: 1480 EYE OF ROUND ROAST WHOLE__ CUT IN HALF__ 1481 EYE OF ROUND STEAKS__ GRIND__				
SPECIAL INSTRUCTIONS:				

GRIND *IF YOU SELECT PATTIES OR SAUSAGE THE VALUE-ADDED SERVICE SECTION MUST BE COMPLETED

5100 1-LB PKG___ **5101** 2 LB PKG___ **5103** 5-LB PKG___ PATTIES___ SAUSAGE___

SPECIAL INSTRUCTIONS:

BEEF ORGAN MEAT *ALL ORGAN MEAT PASSING USDA INSPECTION WILL BE PACKED AND SAVED FOR CUSTOMER

1005 TONGUE **1090** OX TAIL **1020** LIVER **1040** HEART **1050** KIDNEY

COMMENTS:

VALUE ADDED SERVICE INSTRUCTIONS (CHECK AND/OR CIRCLE CHOICES)

	8 OZ	6 OZ	4 OZ	
PATTY OPTIONS <i>50 LB MINIMUM PER BATCH</i>	ADD \$.50/LB	ADD \$.50/LB	ADD \$.50/LB	SMOKED SAUSAGE OPTIONS
	5112	5111	5110	
SAUSAGE OPTIONS <i>50 LB MINIMUM PER BATCH</i>	BULK ADD \$.75/LB	LINK ADD \$1.75/LB		CHECK ONE:
BREAKFAST	5121	5181		NATURAL CURE (100 LB MIN. ADD \$2.75/LB) <input type="checkbox"/>
MAPLE BREAKFAST	5122	5182		CONVENTIONAL CURE (50 LB MIN. ADD \$2.25/LB) <input type="checkbox"/>
HOT ITALIAN	5123	5183		SMOKED KIELBASA LINKS 3187
SWEET ITALIAN	5124	5184		SMOKED ANDOUILLE LINKS 3188
CHORIZO	5128	5188		SPECIAL INSTRUCTIONS:
FRESH KIELBASA	5127	5187		
BRATWURST	5126	5186		

***\$25 FEE FOR CUT SHEETS NOT TURNED IN AT TIME OF DROP OFF**

***SPECIAL INSTRUCTIONS MAY RESULT IN ADDITIONAL FEES DEPENDING ON LABOR AND PACKAGING INVOLVED**

***MINIMUMS APPLY FOR ALL VALUE ADDED SERVICES**

I attest that all livestock referenced by this document and delivered to Meatworks was/were born, fed, and raised in the USA. I further attest to adhering to the required withdrawal time for any medication that has been administered to my animal(s) prior to slaughter. I understand that unacceptable levels of drug residues detected in edible tissues collected at time of slaughter may result in traceback, quarantine, and potential fines or jail time.

CUSTOMER SIGNATURE _____

DATE _____

YOU WILL BE CALLED AS SOON AS PRODUCT IS READY FOR PICK UP

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.