



KISS 20__/20__
ADD INVENTORY

Kiwifruit Administrative Committee (KAC)

Email: calkiwi@agamsi.com

Fax No: (916) 446-1063

Phone No.: (916) 441-0678

COMPANY: _____

CONTACT: _____

PHONE No.: _____

Date of Report: _____

Use this form to report any additions to your inventory such as the below examples:

- (1) Fruit recently packed that has never been reported (except as unpacked pounds) on KISS.
- (2) Fruit repacked from another container type that was previously reported on KISS. (Remember to deduct the containers that the fruit was taken from on KISS Deduct Inventory.)
- (3) Adjustments to increase posted inventory. (Compare your KISS Individual Summary against your records and make adjustments to KISS so that KISS reflects correct posted inventory numbers.)

Initial KISS report must be faxed to KAC office on or before **November 5th by 1:00 p.m.**, and should include harvest through October 31st. Following KISS reports are due every month by **1:00 p.m.** on the **5th** (includes inventory additions for the previous month). If the report due date falls on a weekend or holiday, your report must be submitted by 1:00 p.m. the next working day. Mid-monthly KISS reports, including inventory changes from the first of the month until the 15th of the month, are due December ____, January ____, and February ____.

FRUIT SIZE	PACK STYLE - ENTER PACK STYLE AT THE TOP OF EACH COLUMN					
18						
20						
23 or 25						
27 or 28						
30						
33						
36						
39						
42						
45						
TOTALS						

Estimated unpacked pounds (fruit not yet packed): _____ **(Remaining unpacked pounds as of this report date.)**

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 30 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Instructions for completing KISS Add Inventory:

1. Enter appropriate Handler/Marketer information.
2. Enter date of report.
3. Across the top of columns, enter the type of pack styles used for the inventory addition being reported.
Select pack styles from the list below.
4. For each pack style, enter the total number of containers to be added in each category by size.

Description	Enter this pack style on report
9kg (19.8 lb.) Volume Fill	Volume Fill
Single layer tray	Trays
Container with 3-layers	3-Layers
125 lb. Bins	Bins
Master Container with 20 - 1 lb. Bags	20/1# Bags
Master Container with 10 - 1kg Bags	10/1kg Bags
Master Container with 4 - 4lb. Clams	4/4# Clams
Master Container with 8 - 2lb. Clams	8/2# Clams
Master Container with 27 -.8lb Clams	27/.8# Clams
Master Container with 18 - 8 ct. Clams	18/8ct. Clams and net wt. of master container
Master Container with 20 - 6 ct. Clams	20/6ct. Clams and net wt. of master container
Returnable Plastic Containers, 9kg	RPC 9kg
Containers with 2-layers	2-Layers and net wt. of container
Euro Containers, Must include description and net wt. (i.e. Euro 2-layers, 20#)	Type and net wt. of container
Any other container type/consumer pack must include the description and container net wt.	Type and net wt. of container



KISS 20__/20__

Kiwifruit Administrative Committee (KAC)

DEDUCT INVENTORY

Email: calkiwi@agamsi.com

COMPANY: _____

Fax No.: (916) 446-1063

CONTACT: _____

Date of Report: _____

Phone No.: (916) 441-0678

PHONE No.: _____

Use this form to report any deductions to your inventory such as the below examples:

- (1) Fruit lost in repack previously reported on KISS.
- (2) Fruit repacked from another container type that was previously reported on KISS. (Remember to deduct the containers that the fruit was taken from on KISS Deduct Inventory.)
- (3) Adjustments to decrease posted inventory. (Compare your KISS Individual Summary against your records and make adjustments to KISS so that KISS reflects correct posted inventory numbers.)

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18						
20						
23 or 25						
27 or 28						
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TOTALS						

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Instructions for completing KISS Deduct Inventory:

1. Enter appropriate Handler/Marketer information.
2. Enter date of report.
3. Across the top of columns, enter the type of pack styles used for the inventory addition being reported.
Select pack styles from the list below.
4. For each pack style, enter the total number of containers to be deducted in each category by size.

Description	Enter this pack style on report
9kg (19.8 lb.) Volume Fill	Volume Fill
Single layer tray	Trays
Container with 3-layers	3-Layers
125 lb. Bins	Bins
Master Container with 20 - 1 lb. Bags	20/1# Bags
Master Container with 10 - 1kg Bags	10/1kg Bags
Master Container with 4 - 4lb. Clams	4/4# Clams
Master Container with 8 - 2lb. Clams	8/2# Clams
Master Container with 27 -.8lb Clams	27/.8# Clams
Master Container with 18 - 8 ct. Clams	18/8ct. Clams and net wt. of master container
Master Container with 20 - 6 ct. Clams	20/6ct. Clams and net wt. of master container
Returnable Plastic Containers, 9kg	RPC 9kg
Containers with 2-layers	2-Layers and net wt. of container
Euro Containers, must include description and net wt. (i.e. Euro 2-layers, 20#)	Type and net wt. of container
Any other container type/consumer pack must include the description and container net wt.	Type and net wt. of container



**KISS 20__/20__
SHIPMENTS**

Date of Report: _____

Kiwifruit Administrative Committee (KAC)

Email: calkiwi@agamsi.com

Fax No.: (916) 446-1063

Phone No.: (916) 441-0678

SC-266-13 (Rev. 11/2016. Destroy previous editions.)

OMB No. 0581-0189

COMPANY: _____

CONTACT: _____

PHONE No.: _____

Use this form to report shipments. Compare your KISS Individual Summary against your records and make adjustments to KISS so that KISS reflects correct posted shipment numbers.

Initial KISS report must be faxed to KAC office on or before **November 5th by 1:00 p.m.** and should include harvest through October 31st. Following KISS reports are due every month by **1:00 p.m.** on the **5th** (includes inventory additions for the previous month). If the report due date falls on a weekend or holiday, your report must be submitted by 1:00 p.m. the next working day. Mid-monthly KISS reports, including inventory changes from the first of the month until the 15th of the month, are due December ____, January ____, and February ____.

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Instructions for completing KISS Shipments:

1. Enter appropriate Handler/Marketer information.
2. Enter date of report.
3. Across the top of columns, enter the type of pack styles shipped during given reporting period.
Select pack styles from the list below.
4. For each pack style, enter the total number of containers shipped in each category by size.

Description	Enter this pack style on report
9kg (19.8 lb.) Volume Fill	Volume Fill
Single layer tray	Trays
Container with 3-layers	3-Layers
125 lb. Bins	Bins
Master Container with 20 - 1 lb. Bags	20/1# Bags
Master Container with 10 - 1kg Bags	10/1kg Bags
Master Container with 4 - 4lb. Clams	4/4# Clams
Master Container with 8 - 2lb. Clams	8/2# Clams
Master Container with 27 -.8lb Clams	27/.8# Clams
Master Container with 18 - 8 ct. Clams	18/8ct. Clams and net wt. of master container
Master Container with 20 - 6 ct. Clams	20/6ct. Clams and net wt. of master container
Returnable Plastic Containers, 9kg	RPC 9kg
Containers with 2-layers	2-Layers and net wt. of container
Euro Containers, must include description and net wt. (i.e. Euro 2-layers, 20#)	Type and net wt. of container
Any other container type/consumer pack must include the description and container net wt.	Type and net wt. of container