

MEATWORKS
PORK CUT SHEET
(774) 319-5616
bookings@meatworkswestport.com

ORDER # (Leave Blank): _____

CHOP THICKNESS: 1.25"___ 1.5"___ **FARM**: _____

ROAST WEIGHTS: 2-3# ___ 3-4# ___ 4-5# ___ **ANIMALS**: _____

SMOKE PRODUCT CURING METHOD (CHECK ONE): ____ **CONVENTIONAL CURE** ***Nitrite source Synthetic***

____ **NATURAL CURE** ***Nitrite source Celery/Cherry Powder***

CHOOSE ONE OF THE FOLLOWING OPTIONS FOR EACH PRIMAL:	FRESH *-OR-*	SMOKE	*-OR-* GRIND
SHOULDER	___ WHOLE (3168) ___ ROAST (3172)	___ PICNIC WHOLE (3569/6569) ___ PICNIC HALVES (3570/6570)	___ GRIND
BUTTS	___ WHOLE (3285) ___ ROAST (3184) ___ BLADE CHOPS (3186) ___ COUNTRY STYLE RIBS (3198)	___ COTTAGE BACON (3566/6566)	___ GRIND
HAMS	___ WHOLE (3387) ___ HALVES (3392/3396) ___ CENTER ROAST (3402) ___ CENTER SLICE (3404)	___ WHOLE (3670/6670) ___ HALVES (3729/3703/6729/6703) ___ CENTER ROAST(3741/6741) ___ CENTER SLICE (3743/6743)	___ GRIND
LOINS	___ WHOLE (3251) ___ ROAST (3268/3266/3328) ___ CHOPS (3298/3313/3338)	___ CANADIAN BACON (3659/6659) ___ SMOKED PORK CHOPS (3630/3640/3638/6630/6640/6638)	___ GRIND
BELLY	___ WHOLE (3427) ___ SLABS (3431)	___ BACON SLICED (3919/6919) ___ BACON SLABS (3090/6090)	___ GRIND
MISC.	___ SKIN ON FRESH JOWL (4005) ___ HOCKS (3511) ___ SPARE RIBS (3468)	___ JOWL BACON (3946/6946)	___ GRIND

MISC.

CIRCLE: LIVER HEART KIDNEY FEET: YES / NO LEAF FAT: YES / NO FAT BACK: YES / NO

PLAIN GROUND PORK

5400 1-LB PKG ____ 5403 5-LB PKG ____ **- OR -** PACK AS TRIM ____

SAUSAGE ____ (SEE BELOW FOR OPTIONS)

Fresh Sausage Options (circle choices)	*Bulk $1.30/#*	*Links $2.50/#*	*Patties 4oz. $2.50/#*	*Pounds Requested*
MAPLE BREAKFAST*	5422	5482	5442	
TRADITIONAL BREAKFAST*	5421	5481	5441	
SWEET ITALIAN*	5429	5489	5449	
HOT ITALIAN*	5430	5490	5450	
CHORIZO*	5425	5488	5448	
BRATWURST*	5426	5486	5446	

**** 50 pound minimum per selection***

- Organ meat only included if it passes USDA inspection at slaughter.
- **Meatworks will make reasonable efforts to cut animals to producer specifications provided on cut sheets, however, Meatworks reserves the right to make cutting decisions at the butcher's discretion based on the size of the animal, the species, desired finished product, and other relevant factors at the time of cutting without producer notification.**
- As part of our mission to sustainably use all parts of the animals we process, we reserve the right to save or utilize any animal byproduct not requested by the producer and otherwise to be sent to rendering.
- Special cuts requested by the producers that are not on our cut sheets will be subject to $3.30/# surcharge
- Minimums apply to all value-added services. If minimums are not met, ground will be sent as bulk.
- **Cut sheets required at time of animal drop-off.** If cut sheet is not submitted at drop-off, customer will be subject to a $50 fee. Meatworks will not follow up with you regarding cut-sheets that are not submitted. If there has been no cut sheet submitted by the time the animal is to be processed, Meatworks will use our standardized cut sheet for the order.
- Please write any additional requests in margins in each primal section.

Additional Notes:

FARM NAME		**FARM'S CUSTOMER NAME**
FARM PHONE	**# OF ANIMALS**	**FARM'S CUSTOMER PHONE #**
FARM EMAIL		When the order is ready, would you like Meatworks to contact your customer directly for pick up? **YES / NO**

NOTE AREA:

YOU WILL BE CALLED AS SOON AS PRODUCT IS READY FOR PICK UP
PLEASE SCHEDULE PICK UP WITHIN 5 DAYS OF BEING NOTIFIED TO AVOID CHARGES

By signing you agree to our Terms of Service.

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** _____

INTERNAL USE ONLY

LOT #/CARCASS ID

Recieved:	Highlighted & Copied:	Input:

This institution is an equal opportunity provider and employer.
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.