UGA Meat Science Technology Center Beef Cut Sheet

Please circle one of the following:

Whole OR Half OR Quarter

Pounds/Roast_____ Thick/Steak_____

Customer Name: _____

Address: _____

Phone: _____

Plant Purposes:

Cut Date: **HCW:**

Total pounds of Boxed Product: **Age of Animal:**

Grind-

< 30 months OR >30months

Cuts-

Chuck:

Shoulder (boneless) - Roast OR Steak OR Grind

Chuck (boneless) - Roast OR Steak OR Grind

Stew- Yes OR No (packed in 2lb packs, ~10lb/half).

Brisket- Whole OR Flat OR Grind

Rib:

Boneless: Roast OR Steak

Skirt Steak Yes OR Grind

Loin:

T-bone OR NY Strip/Tenderloin

Sirloin Steak-Boneless

Flank Steak Yes OR Grind

Round:

Inside-	**London Broil**	**OR**	**Top Round Steak**	**OR**	**Cube Steak**	**OR**	**Grind**
Eye-	**Roast**	**OR**	**Eye Steak**	**OR**	**Cube Steak**	**OR**	**Grind**
Flat-	**Roast**	**OR**	**Bottom Steak**	**OR**	**Cube Steak**	**OR**	**Grind**
Tip-	**Roast**	**OR**	**Tip Steak**	**OR**	**Cube Steak**	**OR**	**Grind**

Ground Beef (2lb packs) - Regular (~80/20) OR Lean (~85/15)

Special Instructions: _____

_____

_____

Various (circle items wanted): Tongue Liver Heart Ox-Tails