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| **Part I: Description of consignment presented** | I.2. CHED Reference | | | I.3. Local reference | I.1. Consignor/Exporter  Name Address  Country ISO Code |
| I.4. Control Authority |
| I.5. Control Authority Code |
| I.6. Consignee/Importer  Name Address  Country ISO Code | | | | I.7. Place of Destination  Name Address Activity ID  Country ISO Code |
| I.8. Operator responsible for the consignment  Name Address  Country ISO Code | | | | I.9. Accompanying documents Type  Number Date of Issue  Country and place of issue  Commercial documentary  references |
| I.10. Prior notification  Date Time | | | | |
| I.13. Means of transport | | | | I.11. Country of Origin ISO Code |
| Mode | International transport  document | Identification | | I.12. Region of Origin |
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|  |  |  |  | |
| 1.14. Country of Dispatch ISO Country Code | | | | |
| I.15. Establishment of origin  Name Address  Approval Number  Country ISO Code | | | | |
| I.16. Transport conditions  **Frozen Chilled**  **Ambient** | | | | |
| I.17. Container No / Seal No | | | | |
| I.18. Certified as or for  **P**☐**harmaceutical Use Technical Use**  **Trade sample**  **Other**  **Further process**  **Feedstuff**  **Human Consumption** | | | | |
| I.19. Conformity of the goods  Conforming Non-conforming | | | | |
| I.20. For transhipment  3rd country ISO Code  BCP TRACES unit No. | | | | |
| 1.22. For transit to: | | | | |
| I.23. For internal market yes/no | | | | |
| I.25. For re-entry yes/no | | | | |
| I.24. For non conforming goods  Customs warehouse yes/no Registered No.  Free zone yes/no Registered No.  Ship supplier yes/no Registered No.  Ship yes/no Name  Port | | | | |
| I.27. Means of transport after BCP/storage | | | | I.28. Transporter  Name Address  Country ISO Code |
| Mode | International transport  document | Identification | |
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| I.29. Date of departure | | | | |

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| **Part I: Description of consignment presented** | I.31. Description of consignment | | | | | | | | | | | |
| Commodity Code  (Cn Code) | Species | Product type | | Batch number | Quantity | | Package count | Net weight | | Establishment  of Origin | Final  consumer |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | |
|  |
| I.32. Total number of packages | | | I.33. Quantity | | | I.34. Total Net Weight | | | I.34. Total Gross Weight | | |
| I.35 Declaration  I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching consignments, quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.  Date of signature Name of Signatory Signature | | | | | | | | | | | |

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|  | II.3. Documentary Check  EU Standard Satisfactory ☐ Not satisfactory ☐ | II.4. Identity Check  Satisfactory ☐  Seal check ☐ | Yes ☐ No ☐  Not satisfactory ☐  Full check ☐ |
| II.5. Physical Check Yes ☐ No ☐  Satisfactory ☐ Not satisfactory ☐ | II.6 Laboratory Tests Yes ☐ No ☐  Test  Random ☐ Suspicion ☐  Results Pending ☐ Satisfactory ☐ Not satisfactory ☐ | |
| II.9 Acceptable for transhipment ☐  3rd country  BCP | ISO Code TRACES unit No. |  |
| II.11 Acceptable for transit ☐  3rd country  Exit BCP | ISO Code TRACES unit No. |  |
| * 1. Acceptable for internal market   Human consumption  Feedstuff  Pharmaceutical use  Technical use | Trade sample  Other  Local use  Further processing |  |
| II.13 Acceptable for monitoring ☐   * + 1. Entry monitoring     2. Re-entry monitoring |  | ☐  ☐ |
| 11.14 Acceptable for non-conforming goods ☐   * + 1. Customs warehouse     2. Free zone or Free warehouse     3. Ship |  | ☐  ☐  ☐ |
| * 1. NOT ACCEPTABLE ☐      1. Destruction ☐      2. Special treatment ☐      3. Re-dispatch ☐      4. Use for other purposes ☐   Date/time | | |
|  |
| * 1. Reason for Refusal      1. Documentary: Missing certificate      2. Documentary: Absence of original certificate      3. Documentary: Wrong certificate model      4. Documentary: Invalid dates      5. Documentary: Missing signature/stamp      6. Documentary: Invalid authority      7. Documentary: Missing laboratory report      8. Origin: Non approved country      9. Origin: Non approved region      10. Origin: Non approved establishment      11. Physical: Prohibited species      12. Physical: Hygiene failure      13. Physical: Invasive species      14. Physical: Cold chain breakdown      15. Physical: Temperature failure      16. Physical: Sensory check failure      17. Physical: Presence of parasites      18. Identity: Label missing      19. Identity: Label/Document mismatch      20. Identity: Incomplete label      21. Identity: Means of transport mismatch      22. Identity: Official seal number mismatch      23. Identity: Species mismatch      24. Laboratory: Chemical contamination      25. Laboratory: Microbiological contamination      26. Laboratory: Veterinary drug      27. Laboratory: Irradiation      28. Laboratory: Non-compliant additives      29. Laboratory: Genetically modified organisms (GMO)      30. Other: Others |  | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ |
| II.18 Details of controlled destination  Name Address Country | ISO Code |  |
|  | II.19 Consignment resealed |  |  |

* 1. Identification of BCP

BCP

Unit number

Stamp

* 1. Certifying officer

I, the undersigned official veterinarian, certify that the checks on the consignment

have been carried out in accordance with the Union requirements and where applicable in accordance with the national

requirements of the member states of destination.

Full name

**Part II: Decision on consignment**

Date of signature

Signature