

## DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT WELSH GOVERNMENT

## DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

EXPORT TO PAPUA NEW GUINEA OF MEAT/MEAT PRODUCTS OF PORCINE ORIGIN PRODUCED

| IN THE EUROPEAN UNIC | ON FROM ANIMALS RESIDEN                 |                 | NION MEMBER STATES                      |
|----------------------|---|-----------------|---|
| HEALTH CERTIFICATE   |   | No:             |   |
| EXPORTING COUNTRY:   | UNITED KINGDOM                          |                 |   |
| FOR COMPLETION BY:   | OFFICIAL VETERINAR                      | IAN             |   |
| I Identification     | of consignment                          |                 |   |
| (a) Description of t | he products:                            |                 |   |
| (b) Type and number  | of packages:                            |                 | ,                                       |
| (c) Net and gross we | eight of consignment:                   |                 |   |
|                      |   |                 |   |
| (d) Container/seal n | umber OR alternative i                  | dentification d | letails available                       |
| such as shipping     | marks, batch numbers                    | or pallet numbe | rs:                                     |
|                      |   |                 |   |
|                      |   |                 |   |
| II Origin of prod    | lucts                                   |                 |   |
| * (a) Name, address  | and official approval                   | number of the s | claughterhouse(s):                      |
|                      |   |                 |   |
|                      |   |                 |   |
|                      |   |                 |   |
| h (1) y              | 1 ((' ' 1                               | 1 6 11          |   |
|                      | and official approval                   |                 |   |
|                      |   |                 |   |
|                      |   |                 | • |
|                      | • |                 | • |
| * (c) Name, address  | and official approval                   | number of the p | rocessing premises:                     |
|                      |   |                 |   |
|                      |   |                 |   |
|                      |   |                 |   |
|                      |   |                 |   |

| * ( | d) Name, address and official approval number of the cold store:      |
|-----|---|
|     |   |
|     |   |
| III | Destination of products   |
| (a) | Name and address of exporter:   |
|     |   |
| (b) | Name and address of consignee:  |
|     |   |
| (C) | Name and address of premises of despatch:                             |
|     |   |
| (d) | Means of transportation (Name of ship, flight number, airport/port of |
|     | departure):   |
|     |   |

## IV Health Information

- I, the undersigned, certify that:
- (a) the meat/meat products was/were derived from animals which have been subjected to ante-mortem and post-mortem inspection under veterinary supervision in an officially approved slaughterhouse and found fit for human consumption;
- (b) the meat/meat products and/or the packaging thereof bears an official oval mark indicating that it/they has/have been obtained, processed, packaged, labelled and stored in an officially approved establishment in accordance with European Union hygiene regulations, including compliance with the microbiological criteria, and is/are fit for human consumption;
- (c) the meat/meat products has/have been stored in an hygienic manner in accordance with European Union hygiene regulations so as to prevent contamination with agents known to cause infectious disease of humans or animals;
- (d) European Union approved slaughterhouses/meat establishments are subjected to monitoring under the national residue monitoring plan to ensure that meat intended for trade within the European Union does not contain levels exceeding the limits permitted by European Union regulations of any veterinary medicinal product, antiparasitic agent, heavy metal contaminant, beta-agonist or any substance having a thyrostatic, oestrogenic, androgenic or gestogenic action;
- (e) the transport vehicles or containers and the loading conditions of this consignment meet the conditions laid down in European Union hygiene regulations;

| <b>^</b> ( \( \( \) | IN THE CASE OF FRESH MEA  | RI ONLI  |
|---------------------|---------------------------|--|
|                     | the meat was derived from | om animals which, at the time of their   |
|                     | slaughter, were residen   | t in, a  |
|                     |                           | as free of foot and mouth disease, classical   |
|                     |                           | ine fever, swine vesicular disease and   |
|                     | rinderpest in accordance  | e with the OIE Terrestrial Animal Health Code.   |
| <b>*</b> (g)        | IN THE CASE OF MEAT PRO   | DUCTS ONLY   |
|                     | of their slaughter        | were derived from animals which, at the time c, were resident in                                     |
|                     | free of *foot and         | mouth disease, *classical swine fever, ver, *swine vesicular disease and *rinderpest                 |
|                     |                           | n the OIE Terrestrial Animal Health Code;  |
|                     | * ii the most products    | have been subjected to a treatment which   |
|                     | ensures the destru        | action of the **foot and mouth disease virus,  |
|                     |                           | fever virus, **African swine fever virus,  |
|                     |                           | <pre>disease virus and/or ** rinderpest virus as e relevant OIE Terrestrial Animal Health Code</pre> |
|                     |                           | of the treatment are as follows:   |
|                     |                           |  |
|                     |                           |  |
|                     |                           |  |
|                     |                           |  |
|                     |                           |  |
| *                   | Delete if not applicable  |  |
| **                  | Indicate disease (a) del  | eted in the preceding paragraph from which the   |
|                     |                           | ee and for which a specified treatment is  |
|                     | required to destroy the   |  |
|                     |                           | •  |
| Offic               | cial Stamp                | Signed RCVS  |
|                     |                           | Official Veterinarian  |
|                     |                           | Name in block letters  |
|                     |                           |  |
|                     |                           |  |
| Date                |                           | Address  |
|                     |                           |  |
|                     |                           |  |