

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT, RURAL DIRECTORATE WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

EXPORT TO SIERRA LEONE THE EUROPEAN UNION FROM				
HEALTH CERTIFICATE			No:	
EXPORTING COUNTRY:	UNITED KINGDOM			
FOR COMPLETION BY:	OFFICIAL VETERINA	RIAN		
I Identification of	f consignment			
(a) Description of the	products:			
(b) Type and number of	packages:			
(c) Net and gross weigh	nt of consignment:.			
(d) Container/seal numb	per OR alternative	identificatio	on details ava	ilable
such as shipping ma	rks, batch numbers	or pallet nu	mbers:	
	·····			
II Origin of product	- s			
* (a) Name, address and	d official approval		_	
* (b) Name, address and	d official approval	number of th	e cutting pre	emises:
* (c) Name, address and	d official approval	number of th	e processing	premises:
	• • • • • • • • • • • • • • • • • • • •			
				• • • • • • • • • • • • • • • • • • • •

• ((•		and Official						
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III	Desti	nation of	products						
(a)	Name an	d address	of exporter	:					
			• • • • • • • • • • • • • • • • • • • •						
(b)			of consigne						
	• • • • • •	• • • • • • • •							• •
(C)			of premises	-					
	• • • • • •	• • • • • • • •	• • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				
	• • • • • •		• • • • • • • • • • • • •	• • •					
(d)	Means o	f transpo	rtation (Nam	e of ship,	, flight	number,	airport/	port of	:
	departı	ure):							
								• • • • • •	

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;

* (f)	IN THE	E CASE OF FRESH MEAT ONLY
	slaugh count swine	eat was derived from animals which, at the time of their hter, were resident in, a ry or zone which was free of foot and mouth disease, classical fever, African swine fever, swine vesicular disease and rpest in accordance with the OIE Terrestrial Animal Health Code.
* (g)	IN THE	E CASE OF MEAT PRODUCTS ONLY
	i.	the meat products were derived from animals which, at the time of their slaughter, were resident in
	AND	, a country or zone which was free of *foot and mouth disease, *classical swine fever, *African swine fever, *swine vesicular disease and *rinderpest in accordance with the OIE Terrestrial Animal Health Code;
	* ii.	the meat products have been subjected to a treatment which ensures the destruction of the **foot and mouth disease virus, **classical swine fever virus, **African swine fever virus, **swine vesicular disease virus and/or ** rinderpest virus as recommended in the relevant OIE Terrestrial Animal Health Code Chapter. Details of the treatment are as follows:
	• • • • •	
	• • • • •	
*	Delete	e if not applicable
**	count	ate disease(s) deleted in the preceding paragraph from which the ry/zone was not free and for which a specified treatment is red to destroy the virus.
Offic	ial Sta	Signed
		Name in block letters
Date		Address

