



Health certificate for egg products (EP-P)

NORWAY

Original

Replacement

Part I. Details of dispatched consignment

I.1 Consignor Name: Address: Tel:		I.2 Certificate reference no.		I.3 Central competent authority NORWEGIAN FOOD SAFETY AUTHORITY, N-2381 BRUMMUNDDAL, NORWAY	
		I.2.a. Original certificate no.		I.4 Local competent authority NORWEGIAN FOOD SAFETY AUTHORITY, REGIONAL OFFICE	
I.5 Consignee Name: Address: Tel:				I.6 Not in use	
I.7 Country of origin	ISO code	I.8 Region of origin	Code	I.9 Country of destination	ISO code
					I.10 Not in use
I.11 Place of origin Name: Approval number: Address:				I.12 Not in use	
I.13 Place of loading				I.14 Date of departure	
I.15 Means of transport <input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other Identification: Documentation references:				I.16 Entry BCP	
				I.17 Not in use	

Egg products (EP-P)
GBHC421

I.2 Certificate reference no.	I.2.a. Original certificate no.
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Original Replacement

I.18 Description of commodity				
I.19 Commodity code (HS code)	I.21 Temperature of products <input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen		I.23 Seal / Container No.	
I.20 Quantity	I.22 Number of packages		I.24 Type of packaging	
I.25 Commodity certified for: <input type="checkbox"/> Human consumption				
I.26 Not in use			I.27 <input type="checkbox"/> For import or admission into Great Britain	
I.28 Identification of the commodities				
Species (Scientific name)	Nature of Commodity	Approval number of Manufacturing Plant	Approval number of Cold Store	Net Weight

Part II. Certification

Animal Health

I, the undersigned official veterinarian, hereby certify that the egg products described in this certificate were produced from eggs coming from (an) establishment(s) in which highly pathogenic avian influenza and Newcastle disease as defined in GB legislation have not been present; and

AH/D001 Highly Pathogenic Avian Influenza

^(*)**EITHER** [within a 10 km radius of which, including, where appropriate, the territory of a neighbouring country, there has been no outbreak of highly pathogenic avian influenza for at least the previous 30 days.]

^(*)**AND/OR** [the egg products were processed in compliance with Notes for Completion statement reference(s) ^(*)[A1] ^(*)[A2] ^(*)[B] ^(*)[C1] ^(*)[C2] ^(*)[D1] ^(*)[D2] ^(*)[E1] ^(*)[E2] ^(*)[E3];]

AH/D100 Newcastle disease

^(*)**EITHER** [within a 10 km radius of which, including, where appropriate, the territory of a neighbouring country, there has been no outbreak of Newcastle disease for at least the previous 30 days.]

^(*)**AND/OR** [the egg products were processed in compliance with Notes for Completion statement reference(s) ^(*)[F1] ^(*)[F2] ^(*)[F3] ^(*)[G] ^(*)[H] ^(*)[I1] ^(*)[I2] ^(*)[I3] ^(*)[I4];]

Public Health

I, the undersigned official veterinarian/official inspector, declare that I am aware of the relevant requirements of the GB Regulations, and certify that the egg products described in Part I of this certificate were produced in accordance with those requirements, in particular that:

PH/E100A Establishment requirements

the establishment(s) where the product(s) come(s) from operate(s) under the HACCP principles in accordance with GB regulations;

PH/P009 Production requirements

they have been produced from raw material and manufactured in compliance with the requirements of relevant GB regulations;

PH/MK008 Marking requirements

have been marked in accordance with GB regulations;

PH/MB100 Microbiological requirements

the products satisfy the analytical specifications and the relevant microbiological criteria in GB regulations;

PH/RP001 Residue plans

the guarantees provided by the residue monitoring plans submitted to GB by the country of origin are fulfilled, in accordance with GB regulations;

(*) Keep as appropriate.

Official Veterinarian

By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met.

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp: