

## SANITARY CERTIFICATE

for processed fish meal and hydrolyzed fish proteins intended for human consumption

Reference number:

NORWAI		
Country of dispatch:	NORWAY	
Competent authority:	NORWEGIAN FOOD SAFETY AUTHORITY,	N-2381 BRUMUNDDAL, NORWAY
Inspection body:	NORWEGIAN FOOD SAFETY AUTHORITY,	DISTRICT OFFICE
Phone: + 47 22 40 00 00	Facsimile: + 47 23 21 68 01	E-mail: postmottak@mattilsynet.no

## I. Identification of protein or product

Product description:			Type of packaging:	Number of packages:	Net weight:			
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	01							
				· · · ·				
			Sum:					

## II. Origin of protein or product

Address and approval number of preparation or processing establishment:

Name and address of consignor:

to:

**III. Destination of protein or product** 

The product is to be dispatched from:

(Place of dispatch) (Country and place of destination)

by the following means of transport:

....., ....,

Name of consignee and address at place of destination:

**IV.** Attestation

The undersigned official inspector hereby certifies that the product described above:

- has been handled, prepared, processed, marked, packaged, stored and transported in accordance with the relevant provisions of Regulations (EC) No 178/2002, (EC) No 852/2004, (EC) No 853/2004 and (EC) No 854/2004;
- 2) contains exclusively non-mammalian and non-ruminant protein;
- 3) was entirely derived from fresh fish material which have been found fit for human consumption;
- was produced in a processing establishment dedicated to fish meal production. Material of other animals, including ruminants, or poultry is not received, stored or used in this establishment;
- 5) the end product was packaged in new packing material<sup>1</sup> or in the case of dispatch as bulk transport: container or any other means of transport was thoroughly cleaned and disinfected with a disinfectant approved by the competent authority before use;
- 6) the end product was stored in enclosed storages;
- 7) the end product has undergone all precautions to avoid recontamination with pathogenic agents after the treatment.

Done at		on		
	(Place)		(Date)	
Seal <sup>2</sup>	$\wedge$	0		
	(Signature of official inspector)		(Name and qualifications in capitals)	_
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<sup>1</sup> Delete as appropriate				
<sup>2</sup> The signature and the	stamp must be in a colour different to that of the printing.			
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