



**Model certificate for raw milk from third countries or parts thereof authorised in column A intended for further processing before being used for human consumption (Milk-RM)**

NORWAY

Original

Replacement

**Part I. Details of dispatched consignment**

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

Dairy products (Column B) (Milk- HTB)

II.a. Certificate reference no.	II.b.
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Original Replacement

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

## Part II. Certification

### Animal Health

I, the undersigned official veterinarian, declare that I am aware of the relevant provisions of GB legislation and hereby certify that the raw milk described in Part I of this certificate:

#### AH/T101 Territory requirements

has been obtained from animals:

- (a) under the control of the official veterinary service;
- (b) which were in a country or part thereof that has been free of foot-and-mouth disease and of rinderpest for a period of at least 12 months prior to the date of this certificate, and where vaccination against foot-and-mouth disease has not been carried out during that period;

#### AH/E001 Establishment requirements (holdings)

has been obtained from animals coming from holdings which:

- (a) were not under restrictions due to foot and mouth disease or rinderpest;
- (b) were subject to regular veterinary inspections to ensure that they satisfy the GB animal health standard;

Raw milk (Column A) (Milk-RM)  
GBHC410

<b>II.a. Certificate reference no.</b>	<b>II.b.</b>

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### Public Health

I, the undersigned official inspector, declare that I am aware of the relevant provisions of the GB Regulations, and certify that the raw milk described in Part I of this certificate was produced in accordance with those provisions, in particular that:

#### PH/E001 Establishment requirements (holdings)

it comes from holdings that comply with the GB regulations;

#### PH/P115 Product hygiene requirements

it complies with the hygiene conditions set out in GB hygiene regulations, including meeting the plate and somatic cell count criteria;

#### 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;

#### PH/RS001 Residues and contaminants

it complies with the maximum residue limits for residues of antibacterial veterinary medicinal products, maximum residue levels for pesticides, and maximum levels for contaminants laid down in GB regulations;

### 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: