



NORWAY

HEALTH CERTIFICATE

Covering milk and dairy products exported to the
STATE OF KUWAIT

NORWEGIAN
FOOD SAFETY
AUTHORITY

Reference number: _____

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

I. Details identifying the milk and dairy products

Nature of food	Name of product(s)	App. no.*	Production date(s) or lot(s) identification number(s)	Number of packages	Net weight
* Approval number				Sum:	

Temperature required during storage and transport: _____ °C

Container no: _____

Seal no: _____

Expiry data: _____

II. Provenance of the milk and dairy products

Approval number, dairy plant(s) and address: _____

Name and address of consignor: _____

III. Destination of the milk and dairy products

The products are to be dispatched from: _____
(Place of dispatch)

to: _____
(Country and place of destination)

Means of transport: _____

Name and address of consignee: _____

Reference number: _____

IV. Certification

The undersigned official inspector hereby certifies that:

1. The dairy plant is approved by and subject to supervision and inspection from the Norwegian Food Safety Authority.
2. The products are manufactured in compliance with official Norwegian Regulations and according to:
 - a. Regulation (EC) no 852/2004 of the European parliament and the council of 29. April 2004 on the hygiene of foodstuffs.
 - b. Regulation (EC) no 853/2004 of the European parliament and the council of 29. April 2004 laying down specific hygiene rules for food of animal origin.
3. The products have been prepared, packed, stored and transported under good hygienic practice and an effective food safety control system, implemented within the context of HACCP system.
4. The products may freely be sold in Norway and are fit for human consumption.
5. The milk derives from Norway. The milk or milk-based products originate for areas free from foot-and-mouth disease and rinderpest. The milk has never been in any region where foot and mouth disease and rinderpest exists.

Done at _____ on _____
(Place) (Date)

Stamp¹ _____
(Signature of official inspector) (Name and qualifications in capitals)

¹ The signature and the stamp must be in a colour different to that of the printing.