



NORWAY

SANITARY CERTIFICATE
covering finfish for human consumption for
export to Australia

Reference number:

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

I. Details identifying the finfish

Description - Species (scientific name):	State or type of processing:	Type of packaging:	Number of packages:	Net weight:
Sum:				

Temperature required during storage and transport: _____ °C

II. Provenance of the finfish

Address(es) and number(s) of preparation or processing establishment(s) authorized for exports by the competent authority:

Name and address of consignor: _____

III. Destination of the finfish

The consignments are to be dispatched from: _____

to: _____, Australia
(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:

- 1) Have been produced in accordance with the relevant provisions of the official Norwegian Quality Regulations relating to Fish and Fishery Products of 14 June 1996;
- 2) Have 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, (EC) No 854/2004 and (EC) No 2073/2005;
- 3) The fish were processed in a premises approved by and under the control of the competent authority;
- 4) The fish were eviscerated;
- 5) The head and gills were removed and internal and external surfaces thoroughly washed;
- 6) This consignment does not contain other fish species;
- 7) The fish is wild caught and not grown or harvested in an aquaculture system at any stage;
- 8) The fish is inspected under the supervision of the Norwegian Food Safety Authority;
- 9) The fish is free from visible lesions associated with infectious disease.

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.