

## Section D

## CHED-D

(for feed and food of non-animal origin referred to in point (d) of Article 47(1) of Regulation (EU) 2017/625)

## EUROPEAN UNION

Common Health Entry Document  
for Feed and Food of Non-Animal Origin

## PART I – DESCRIPTION OF CONSIGNMENT

<b>QR CODE</b>	<b>I.2 CHED reference</b>	<b>I.1 Consignor/Exporter</b>  Name  Address  Country                      ISO country code													
	<b>I.3 Local reference</b>														
	<b>I.4 Border Control Post</b>														
	<b>I.5 Border Control Post code</b>														
<b>I.6 Consignee/Importer</b> Name Address  Country                      ISO country code		<b>I.7 Place of destination</b> Name                                      Registration/Approval No Address  Country                                      ISO country code													
<b>I.8 Operator responsible for the consignment</b> Name Address Country                      ISO country code		<b>I.9 Accompanying documents</b> Type                                      Code Country Commercial document references													
<b>I.10 Prior notification</b> Date                      Time															
<b>I.13 Means of transport</b>  <input type="checkbox"/> Airplane <input type="checkbox"/> Vessel  <input type="checkbox"/> Railway <input type="checkbox"/> Road vehicle                      Identification		<b>I.11 Country of origin</b> ISO country code													
		<b>I.12 Region of origin</b> Code													
<b>I.14 Country of dispatch</b> Country  ISO country code		<b>I.15 Establishment of origin</b> Name                                      Registration/Approval No Address                                      Country                                      ISO country code													
<b>I.16 Transport conditions</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen															
<b>I.17 Container number/Seal Number</b> <table border="1" style="width:100%"> <tr> <td><b>Container No</b></td> <td><b>Seal No</b></td> <td><b>Official Seal</b></td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				<b>Container No</b>	<b>Seal No</b>	<b>Official Seal</b>	<input type="checkbox"/>								
<b>Container No</b>	<b>Seal No</b>	<b>Official Seal</b>													
<input type="checkbox"/>															
<b>I.18 Certified as or for:</b> <input type="checkbox"/> Human consumption <input type="checkbox"/> Human consumption after further treatment <input type="checkbox"/> Feedstuff <input type="checkbox"/> Sample <input type="checkbox"/> Display exhibition item <input type="checkbox"/> Other															
<b>I.20</b> <input type="checkbox"/> For transfer to:		<b>Details of controlled destinations for I.20 and I.21</b>													
<b>I.21</b> <input type="checkbox"/> For onward transportation to:															
<b>I.23</b> <input type="checkbox"/> For internal market															
<b>I.27 Means of transport after BCP/storage</b>  <input type="checkbox"/> Airplane <input type="checkbox"/> Railway  <input type="checkbox"/> Vessel <input type="checkbox"/> Road vehicle  Identification:															
<b>I.29 Date of departure</b> Date                      Time															
<b>I.31 Description of consignment</b> <table border="1" style="width:100%"> <tr> <td><b>CN code</b></td> <td><b>TARIC code</b></td> <td><b>Type of packages</b></td> <td><b>Number packages</b></td> <td><b>of</b></td> <td><b>Net weight(kg)</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				<b>CN code</b>	<b>TARIC code</b>	<b>Type of packages</b>	<b>Number packages</b>	<b>of</b>	<b>Net weight(kg)</b>						
<b>CN code</b>	<b>TARIC code</b>	<b>Type of packages</b>	<b>Number packages</b>	<b>of</b>	<b>Net weight(kg)</b>										
<b>I.32 Total number of packages</b>		<b>I.33 Total quantity</b>		<b>I.34 Total net weight/gross weight</b>											

**I.35 Declaration:**

I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching of consignments, for quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.

Date of declaration

Name of signatory

Signature

In processing the personal data included in the CHEDs, Member States shall comply with Regulation (EU) 2016/679 and Directive (EU) 2016/680 and the Commission with Regulation (EU) 2018/1725.

**EUROPEAN UNION**

## Common Health Entry Document for Feed and Food of Non-Animal Origin

## PART II – CONTROLS

<b>II.1</b>	<b>Previous CHED</b>	<b>II.2</b>	<b>CHED reference</b>	<b>II.24</b>	<b>Subsequent CHED</b>			
<b>II.3</b>	<b>Documentary check</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory	<b>II.4</b>	<b>Identity check</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
						<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory	
<b>II.5</b>	<b>Physical check</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>II.6</b>	<b>Laboratory test</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory		Test:			
					<input type="checkbox"/> Suspicion	<input type="checkbox"/> Emergency measures		
					<input type="checkbox"/> Random	<input type="checkbox"/> Temporary increase of controls		
					Test result:	<input type="checkbox"/> Pending	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not satisfactory
<b>Acceptable for (II.9-II.12)</b>				<b>II.18</b> <b>Details of controlled destinations II.9, II.10 and II.16</b>				
<b>II.9</b>	<input type="checkbox"/> Transfer to:							
<b>II.10</b>	<input type="checkbox"/> Onward transportation to:							
<b>II.12</b>	<input type="checkbox"/> Internal market: <input type="checkbox"/> Human consumption <input type="checkbox"/> Feedstuff <input type="checkbox"/> Other							
<b>II.16</b>	<input type="checkbox"/> Not acceptable	<input type="checkbox"/> Destruction <input type="checkbox"/> Re-dispatch  <input type="checkbox"/> Special treatment  <input type="checkbox"/> Use for other purposes	<b>II.17</b> <b>Reason for refusal</b>					
	By (date)		<input type="checkbox"/> Documentary <input type="checkbox"/> Identity <input type="checkbox"/> Physical  <input type="checkbox"/> Other <input type="checkbox"/> Laboratory					
<b>II.19</b>	<input type="checkbox"/> Consignment resealed      New seal number							
<b>II.20</b>	<b>Identification of BCP</b>			<b>II.21</b> <b>Certifying officer</b>  I, the undersigned certifying officer, certify that the checks on the consignment have been carried out in accordance with the Union requirements and where applicable in accordance with the national requirements of the Member State of destination				
	BCP	Stamp						
	Control Unit code							
<b>II.22</b>	<b>Inspection fees</b>			Name (in capital letters)				
				Date				
				Signature				
<b>II.23</b>	<b>Customs document reference</b>							

**EUROPEAN UNION****Common Health Entry Document  
for Feed and Food of Non-Animal Origin****PART III – FOLLOW-UP**

III.1	Previous CHED	III.2	CHED reference	III.3	Subsequent CHED
<b>III.4</b>	<b>Details on re-dispatch</b>				
	Country of destination		ISO country Code		
	Exit BCP		Control Unit code		
	Means of transport				
	<input type="checkbox"/> Airplane	<input type="checkbox"/> Road	Vehicle	Identification	
	<input type="checkbox"/> Vessel	<input type="checkbox"/> Other			
	<input type="checkbox"/> Railway				
	Date of re-dispatch				
<b>III.5</b>	<b>Follow up by</b>				
	<input type="checkbox"/> Exit	BCP	Arrival of consignment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Final destination	BCP	Compliance of consignment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Local competent authority		Further destination:		Reasons
<b>III.6</b>	<b>Certifying officer</b>				
	Name (in capital letters)				Unit name
	Address				Control Unit code
	Date		Stamp		Signature