

Teil I	I.1. Versender			I.2. IMSOC-Bezugsnummer		
	Name			I.2.a. Lokale Bezugsnummer		
	Adresse					
	Land		ISO-Ländercode			
	I.5. Empfänger			I.3. Zentrale zuständige Behörde		
	Name			I.4. Zuständige örtliche Behörde		
	Adresse					
	Land		ISO-Ländercode			
	I.7. Ursprungsland		ISO-Ländercode	I.9. Bestimmungsland		ISO-Ländercode
	I.8. Ursprungsregion			Code	I.10. Region des Bestimmungsorts	
I.11. Versandort			I.12. Bestimmungsort			
Name			Name			
Adresse			Adresse			
Zulassungsnummer			Zulassungsnummer			
Land		ISO-Ländercode	Land		ISO-Ländercode	
I.13. Ladeort			I.14. Datum und Uhrzeit des Abtransports			
Name						
Adresse						
Zulassungsnummer						
Land		ISO-Ländercode				
I.15. Transportmittel			I.16 Entry Point			
Typ	Dokument	Identifikation				
I.18. Beförderungsbedingungen			I.17. Begleitdokumente			
Gefroren <input type="checkbox"/>	Gekühlt <input type="checkbox"/>	Umgebungstemperatur <input type="checkbox"/>	Controlled temperature <input type="checkbox"/>	Bezugsnummer des Handelspapiers	Ausstellungsdatum	
				Land	Ausstellungsort	
I.19. Containernummer/Plombennummer						
I.20. Waren zertifiziert für/als						
Sonstiges <input type="checkbox"/>		Pharmazeutische Verwendung <input type="checkbox"/>		Production of petfood <input type="checkbox"/>		
Heimtierfutter <input type="checkbox"/>		Technische Verwendung <input type="checkbox"/>		Menschlicher Verzehr <input type="checkbox"/>		
I.21. Für die Durchfuhr durch ein Drittland <input type="checkbox"/>			I.22. Für die Durchfuhr durch Mitgliedstaaten <input type="checkbox"/>			
Country		ISO-Ländercode	Country		ISO-Ländercode	
EU Exit Authority		BCP code				
EU Entry Authority		BCP code				
I.23. Gesamtanzahl an Packungen		I.24. Gesamtmenge		I.25. Nettogesamtgewicht		
I.28. Angaben zur versendeten Sendung						
<b>1. 02 FLEISCH UND GENIESSBARE SCHLACHTNEBENERZEUGNISSE</b>						
<b>0206</b> Genießbare Schlachtnieberzeugnisse von Rindern, Schweinen, Schafen, Ziegen, Pferden, Eseln, Maultieren oder Mauleseln, frisch, gekühlt oder gefroren						
von Schweinen, gefroren						
<b>020649</b> andere						
<b>02064900</b> andere als Lebern						
Erzeugnis	Art	Menge	Nettogewicht	Packungsanzahl		
Identifikationsnummer			Identifikationssystem			

II. Gesundheitsinformationen		
<p>Part II. Certification</p> <p>Animal Health</p> <p>I, the undersigned official veterinarian, hereby certify that the fresh porcine meat described in Part I of this certificate:</p> <p>AH/T103 Territory requirements</p> <p>has been obtained in the territory/ies with code: _____ which, at the date of issuing this certificate:</p> <p>(*)EITHER (*) <input type="radio"/> [(a) has been free for 12 months from foot-and-mouth disease, rinderpest, African swine fever, classical swine fever, swine vesicular disease; and]</p> <p>(*)OR (*) <input type="radio"/> [(a) (i) has been free for 12 months from rinderpest, African swine fever, (*) <input type="checkbox"/> [foot-and-mouth disease], (*) <input type="checkbox"/> [classical swine fever] and (*) <input type="checkbox"/> [swine vesicular disease]; and</p> <p>(ii) has been considered free from (*) <input type="checkbox"/> [foot-and-mouth disease], (*) <input type="checkbox"/> [classical swine fever] and (*) <input type="checkbox"/> [swine vesicular disease] , since _____ (dd/mm/yyyy), without having had cases/outbreaks afterwards, and authorised to export this meat by _____ of _____ (dd/mm/yyyy); and]</p> <p>(b) during the last 12 months no vaccination against these diseases have been carried out and imports of domestic animals vaccinated against these diseases are not permitted in this territory;</p> <p>AH/E005 Establishment requirements (holding)</p> <p>has been obtained from animals coming from holdings;</p> <p>(a) in which none of the animals present therein have been vaccinated against the diseases referred to in AH/T,</p> <p>(b) in and around which, in an area of 10km radius, there has been no case/outbreak of the diseases referred to in AH/T during the previous 40 days,</p> <p>(c) that are not subject to prohibition as a result of an outbreak of porcine brucellosis during the previous six weeks;</p> <p>(*) <input type="checkbox"/> [(d) meets GB requirements for territory/ies with supplementary guarantee code (*) <input type="checkbox"/> [D] ];</p> <p>AH/E300B Establishment requirements (slaughterhouse)</p> <p>has been obtained in an establishment around which, within a radius of 10km, there has been no case/outbreak of the diseases referred to in point in AH/T during the previous 40 days or, in the event of a case of disease, the preparation of meat for importation into Great Britain has been authorised only after slaughter of all animals present, removal of all meat, and the total cleaning and disinfection of the establishment under the control of an official veterinarian;</p> <p>AH/A001 Animal requirements (residency)</p> <p>has been obtained from animals that:</p> <p>(*)EITHER <input type="checkbox"/> [have remained in the territory described in AH/T since birth, or for at least the last three months before slaughter;]</p> <p>(*)AND/OR <input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T from the territory/ies with code(s) _____ that at that date was authorised to import this fresh meat into Great Britain;]</p> <p>(*)AND/OR <input type="checkbox"/> [have been introduced on _____ (dd/mm/yyyy) into the territory described in AH/T, from Great Britain;]</p> <p>AH/A600 Animal requirements (other)</p> <p>has been obtained from animals that meet GB requirements for separation, transport and slaughter, and have been slaughtered on _____ (dd/mm/yyyy) or between _____ (dd/mm/yyyy) and _____ (dd/mm/yyyy);</p> <p>AH/P001 Product requirements</p> <p>has been obtained and prepared without contact with other meats not complying with the conditions required in this certificate;</p> <p>Animal Welfare</p> <p>AW/001 Animal welfare</p>		

<b>Part II: Certification</b>	II. Gesundheitsinformationen		
	The product of animal origin described in Part I of this certificate derives from animals which have been handled in the slaughterhouse before and at the time of slaughter or killing in accordance with GB animal welfare requirements.		
	Public Health		
	I, the undersigned official veterinarian, declare that I am aware of the relevant requirements of the GB Regulations, and certify that the meat described in Part I of this certificate was produced in accordance with those requirements, in particular that:		
	PH/E100B Establishment requirements		
	the establishment(s) where the (*) <input type="checkbox"/> [meat] (*) <input type="checkbox"/> [minced meat] come(s) from, operate(s) under the HACCP principles in accordance with GB regulations;		
	PH/P100 Production requirements		
	the (*) <input type="checkbox"/> [meat] (*) <input type="checkbox"/> [minced meat] has been produced in compliance with the relevant GB regulations and, the minced meat has been frozen to an internal temperature of no more than -18°C;		
	PH/I001 Inspection requirements		
	the meat has been found fit for human consumption following ante-mortem and post-mortem inspections in accordance with GB regulations;		
	PH/MK002 Marking requirements		
	the (*) <input type="checkbox"/> [carcass or parts of the carcass] (*) <input type="checkbox"/> [meat] (*) <input type="checkbox"/> [minced meat] has been marked in accordance with the GB regulations;		
	PH/MB001B Microbiological criteria		
	the (*) <input type="checkbox"/> [meat] (*) <input type="checkbox"/> [minced meat] satisfies the relevant microbiological criteria set in the relevant GB regulations;		
	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/S101 Storage and transportation requirements		
	the (*) <input type="checkbox"/> [meat] (*) <input type="checkbox"/> [minced meat] has been stored and transported in accordance with the relevant GB regulations;		
	PH/D001 Trichinella requirements		
	the meat fulfils the requirements set out in the relevant GB regulations for Trichinella:		
	(*)EITHER <input type="checkbox"/> [has been subjected to examination by a digestion method with negative results];		
	(*)AND/OR <input type="checkbox"/> [has been subjected to a freezing treatment];		
	(*)AND/OR <input type="checkbox"/> [meets GB requirements for animals coming from a holding officially recognised as applying controlled housing conditions;]		
	(*) Keep as appropriate.		
	Certifying Officer		
	Name (in capital letters)	Qualification and title	
	Datum der Unterzeichnung	Unterschrift	
	Stempel		