



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT - RURAL DIRECTORATE
WELSH GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

EXPORT OF POULTRY MEAT PRODUCTS TO BARBADOS

HEALTH CERTIFICATE

No:

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Identification of the products

- a) Species of animal/poultry:
- b) Type of products:
- c) Number of packages:
- d) Net weight:
- e) Shipping marks
 - (i) Container No:
 - (ii) Seal No:

II. Origin of the products

- a) Name and address of exporter:

- b) Name, address and approval/registration number of the processing establishment:

III. Destination of the products

- a) The products were despatched from: UNITED KINGDOM
to:
(country and place of destination)

b) Name and address of consignee:

c) Means of transportation:

d) Proposed date and port of shipment:

IV. Health information

I, the undersigned, certify that the consignment described at I overleaf meets the following requirements:

- (a) The poultry meat was not derived from birds slaughtered in the context of a Newcastle Disease, Avian Influenza or other disease control or eradication programme;
- (b) The entire consignment comes from birds which have been slaughtered in an approved abattoir and have been subjected to veterinary ante-mortem and post-mortem inspections with favourable results;
- (c) The poultry meat has been subjected to heat treatment such that the middle of the product reach a temperature of at least 72 °C, or other recognized method to ensure the destruction of the Newcastle Disease virus;
- (d) The poultry meat product was handled in such a manner after processing that any possibility of contamination of the product by unprocessed poultry material or other potential source of Newcastle Disease virus, either directly or indirectly, was prevented;
- (e) The poultry meat product did not come into contact with any products of bovine origin at any stage manufacturing or handling.

Date:..... Signed

Stamp: Name in block
Letters
Official Veterinarian

Address.....

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