



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No:

EXPORT OF DAIRY PRODUCTS OF BOVINE ORIGIN TO AUSTRALIA (EXCLUDING CHEESE)

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. IDENTIFICATION OF THE CONSIGNMENT

- a) Product description (product name and commodity type):
- b) Type and number of packages:
- c) Net weight of consignment:
- d) Identification marks (serial numbers, batch numbers):
- e) Date of manufacture:
- f) Shipping marks (container no., seal no.):
- g) Means of transportation (name of vessel):

II. ORIGIN OF PRODUCT AND PRODUCT COMPONENTS

- a) Species of origin of the raw milk from which each of the milk derived components of the product originated:
- b) Country/countries of origin of the raw milk from which each of the milk derived components of the product originated:
- c) The dairy ingredients were manufactured (including, but not limited to, processing, packaging, labelling, and storage) in:

d) Name, location and authorised approval/registration number of the establishment/s from which the **raw milk** was processed:

e) Name, address and authorised approval/registration number of the establishment where the **export product** is processed:

f) Name and address of exporter:

III. DESTINATION OF THE PRODUCTS

a) Import Permit Number and Expiry Date (if permit required):

b) Name and address of consignee:

c) Name and contact number of consignee representative (if import agent used):

IV. HEALTH INFORMATION

A. Dairy products of bovine origin ⁽¹⁾

I, the undersigned official veterinarian certify that for the dairy products described above:

1. The milk from which the dairy ingredients were made is of bovine origin only.

2. The milk from which the dairy ingredients were made originated only from animals' resident in:

2.1. * _____ [insert name/s of country/countries], a country/countries which is/are approved by the Australian Director of Biosecurity as free from foot-and-mouth disease (FMD) ⁽²⁾

AND/OR

2.2.* _____ [insert name/s of country/countries], a country/countries which is/are listed in the Appendix - Exclusion dates for dairy products due to disease outbreaks ⁽³⁾.

3. The milk from which the dairy ingredients were made was sourced from healthy animals.

4. The goods and the dairy ingredients within the goods were manufactured ⁽⁴⁾ only in:

4.1. * _____ [insert name/s of country/countries], a country/countries which is/are approved by the Australian Director of Biosecurity as free from foot-and-mouth disease (FMD) ⁽²⁾

AND/OR

4.2. * _____ [insert name/s of country/countries], a country/countries which is/are listed in the Appendix - Exclusion dates for dairy products due to disease outbreaks ⁽³⁾.

5. The goods and the dairy ingredients within the goods were produced under documented quality assurance programs ⁽⁵⁾ for dairy primary production, collection, transportation and processing.

6. All facilities involved in manufacture (other than labelling and storage) of the goods and the dairy ingredients within the goods are either registered, approved, or recognised as required for food safety by the relevant national authority.

7. [Select the option(s) that applies]:

☐ The packaging or immediate container of the goods is stamped with the date of manufacture.

☐ A consignment specific manufacturer's declaration with the date of manufacture for each batch or lot number for the goods was provided to the official veterinarian.

8. *⁽⁶⁾ Required if the goods were manufactured in, and/or contain dairy ingredients sourced from and/or manufactured in a country/ies listed in the Appendix - Exclusion dates for dairy products due to disease outbreaks ⁽³⁾:

The goods and/or the dairy ingredients within the goods that were sourced from and/or manufactured in a country/ies listed in the Appendix - Exclusion dates for dairy products due to disease outbreaks were either fully finished and packaged for export from _____ [insert country] on _____ [insert date, or] were exported from _____ [insert country] on _____ [insert date]. This date is prior to _____ [insert country's] exclusion period from _____ [insert date]

9. The milk or dairy ingredients were subjected to one of the following heat treatments [select the option(s) that applies]:

☐ HTST pasteurisation at a temperature of no less than 72°C for a minimum of 15 seconds.

☐ Batch (or LTLT) pasteurisation at a temperature of no less than 63°C for a minimum of 30 minutes.

☐ UHT at a temperature of no less than 132°C for a minimum of 1 second.

☐ The milk or dairy ingredients underwent an alternative heat treatment as stated on the Australian import permit:

Minimum temperature: _____

Minimum time retained at this temperature: _____

⁽¹⁾ This certificate does not apply to cheese, unless the goods are a composite product/s containing cheese. For health certificate attestations for cheese, see Export Health Certificate 8961EHC.

⁽²⁾ As specified in the FMD-free Country List prepared by the Director of Biosecurity and published on the Department of Agriculture, Fisheries and Forestry website <https://www.agriculture.gov.au/biosecurity-trade/policy/legislation/fmd-free-country-list>

⁽³⁾ The appendix 'Exclusion dates for dairy products due to disease outbreaks' is included in the Australian import permit for the product being certified.

⁽⁴⁾ Manufacturing includes all steps prior to certification. This includes, but is not limited to processing, labelling, and storage.

⁽⁵⁾ Documented quality assurance programs may include food safety programs and Hazard Analysis and Critical Control Point (HACCP) programs that manage the risk of contamination within the product, from raw ingredients to the finished packaged product.

(6) This attestation is required for each applicable country listed in the appendix included in the Australian import permit.

(7) This certificate is valid only if stamped and signed by an Official Veterinarian authorised by the Competent Authority. The signature and the stamp must be in a different colour to that of the printing of the certificate.

*Delete as appropriate

Date:..... Signed:RCVS

Stamp:..... Name in
block letters:

.....
Official Veterinarian (7)

Address:.....
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