▼<u>C1</u>

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

PART II - CONTROLS

II.1	Previous CHED		II.2 (CHE	D reference			II.24	Subsequent CHE	D		
II.3	Documentary check	☐Satisfactory ☐N		Not satisfactory		II.4	ldentity check		□Yes	□No		
									□Satisfactory	□Not satisfactory		
II.5	Physical check	□Yes □N		No		II.6	II.6 Laboratory test		□Yes	□No		
						Test:						
				dataa Pataataa		□Suspicion		□Emergency measures				
		□Satisfactory □N			atisfactory	□Random		☐Temporary increase of controls				
					Test re	esult: 🗆	Pending	□Satisfactory	□Not satisfactory			
Accep	eptable for (II.9-II.12)			11.1	8 Detail	ils of controlled destinations II.9, II.10 and II.16						
II.9	☐Transfer to:											
II.10	□Onward transportation to:											
II.12	□Internal market:	☐Human consumption										
		□Feedstuff										
		□Other										
II.16	□Not acceptable □Destruction		11.1	7 Reaso	n for re	fusal						
		□Re-dispatch										
	By (date)	□Special treatment		□Docu		umentary [□ldentity	, –	Physical		
		□Use for other purposes						□Other		Laboratory		
II.19												
II.20	Identification of BCP				II.21 Ce	rtifying	officer					
	ВСР	Stamp			I,	the und	ersigned ce	ertifying o	officer, certify that	the checks on the		
										ce with the Union e with the national		
	Control Unit code				requirements of the Member State of destination							
II.22	Inspection fees				Name (in capital letters)							
						Date			Signatur	е		
II.23	Customs document	reference										

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PART III - FOLLOW-UP

III.1	Previous CHED	III.2	CHED reference		III.3	Subsequent CHED		
III.4	Details on re-dispatch							
	Country of destination		ISO country Code					
	Exit BCP		Control Unit code					
	Means of transport							
	□Airplane □Road V □Vessel □Other □Railway	ehicle	Identification					
	Date of re-dispatch							
III.5	Follow up by							
	□Exit	BCP BCP	Arrival of consignment:	□Yes		INo		
	□Final destination □Local competent authority		Compliance of consignment:	□Yes]No		
		Further destination:			P	leasons		
III.6	Certifying officer							
	Name (in capital letters)				U	Init name		
	Address		Stamp			control Unit code		
	Date					ignature		