

**Model health certificate for milk, milk-based products and milk-derived products not for human consumption (M-MP) GBHC583 v1.1 Aug-23**

**Part I. Details of the dispatched consignment**

|                                                                                                                                                                                                                                             |  |                 |                             |                                                                                          |                                                        |                                                                                                                        |  |                 |                                   |  |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|-----------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|-----------------|-----------------------------------|--|-------------|
| <b>I.1 Consignor</b><br>Name:<br>Address:<br>Tel:                                                                                                                                                                                           |  |                 |                             | <b>I.2 Certificate reference no.</b>                                                     |                                                        |                                                                                                                        |  |                 |                                   |  |             |
|                                                                                                                                                                                                                                             |  |                 |                             | <b>I.2.a</b><br><br>Not in use                                                           | <b>I.3 Central competent authority</b><br><br>APHIS-VS | <b>I.4 Local competent authority</b>                                                                                   |  |                 |                                   |  |             |
| <b>I.5 Consignee</b><br>Name:<br>Address:<br>Tel:                                                                                                                                                                                           |  |                 |                             | <b>I.6 Person responsible for the load in Great Britain</b><br>Name:<br>Address:<br>Tel: |                                                        |                                                                                                                        |  |                 |                                   |  |             |
| <b>I.7 Country of origin</b>                                                                                                                                                                                                                |  | <b>ISO code</b> | <b>I.8 Region of origin</b> |                                                                                          | <b>Code</b>                                            | <b>I.9 Country of destination</b>                                                                                      |  | <b>ISO code</b> | <b>I.10 Region of destination</b> |  | <b>Code</b> |
| <b>I.11 Place of origin</b><br>Name:<br>Approval number:<br>Address:<br><br>Name:<br>Approval number:<br>Address:                                                                                                                           |  |                 |                             |                                                                                          |                                                        | <b>I.12 Place of destination</b><br><input type="checkbox"/> Custom warehouse<br>Name:<br>Approval number:<br>Address: |  |                 |                                   |  |             |
| <b>I.13 Place of loading</b>                                                                                                                                                                                                                |  |                 |                             |                                                                                          |                                                        | <b>I.14 Date of departure</b>                                                                                          |  |                 |                                   |  |             |
| <b>I.15 Means of transport</b><br><input type="checkbox"/> Aeroplane <input type="checkbox"/> Ship<br><input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle<br><input type="checkbox"/> Other<br><br>Identification: |  |                 |                             |                                                                                          |                                                        | <b>I.16 Entry BCP</b>                                                                                                  |  |                 |                                   |  |             |
|                                                                                                                                                                                                                                             |  |                 |                             |                                                                                          |                                                        | <b>I.17 No of CITES</b>                                                                                                |  |                 |                                   |  |             |
| Documentation references:                                                                                                                                                                                                                   |  |                 |                             |                                                                                          |                                                        |                                                                                                                        |  |                 |                                   |  |             |

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## Part II. Certification

### Animal Health

I, the undersigned official veterinarian, declare that I have read and understood the requirements of the relevant GB regulations and certify that <sup>(\*)</sup>[the milk], and/or <sup>(\*)</sup>[the milk-based products] and/or <sup>(\*)</sup>[the milk-derived products] referred to in Part I of this certificate comply with the following conditions:

#### AH/T108 Territory requirements

they were produced and derived in ..... (*insert name of exporting country*), <sup>(\*)</sup>[ ..... (*insert name of region*)] in accordance with GB requirements;

#### AH/A502 Animal requirements (general)

they were produced from raw milk derived from animals which meet GB requirements;

#### AH/P005 Product requirements (segregation)

every precaution was taken to avoid contamination of the product after processing;

#### AH/P482 Product requirements

they have been subject to one of the following treatments:

<sup>(\*)</sup>**EITHER** [high temperature short time pasteurisation according to GB requirements in combination with: <sup>(\*)</sup>[A] <sup>(\*)</sup>[B] <sup>(\*)</sup>[C] <sup>(\*)</sup>[D] <sup>(\*)</sup>[E] (..... / ..... / ..... (*insert the date*))] <sup>(\*)</sup>[F] as set out in the notes for completion; and]

<sup>(\*)</sup>**OR** [ultra high temperature treatment at 132°C for at least one second in combination with: <sup>(\*)</sup>[B] <sup>(\*)</sup>[C] <sup>(\*)</sup>[D] <sup>(\*)</sup>[E] (..... / ..... / ..... (*insert the date*))] as set out in the notes for completion; and]

they are milk or milk products that:

<sup>(\*)</sup>**EITHER** [have undergone one of the treatments or combinations thereof described above;]

<sup>(\*)</sup>**OR** [~~comprise whey to be fed to animals of species susceptible to foot and mouth disease, and that whey was collected from milk subjected to one of the treatments described above and either <sup>(\*)</sup>[G] <sup>(\*)</sup>[H] <sup>(\*)</sup>[I] (..... / ..... / ..... (*insert the date*))] as set out in the notes for completion;~~]

#### AH/P503 Product requirements

the product was packed:

<sup>(\*)</sup>**EITHER** [in new containers;]

<sup>(\*)</sup>**OR** [~~in vehicles or bulk containers disinfected prior to loading using a product approved by the competent authority;~~]

and the containers are marked in accordance with GB requirements indicating that the product is Category 3 material and not intended for human consumption;

#### AH/D200A TSE (scrapie)

the animal by-products described above:

<sup>(\*)</sup>**EITHER** [does not contain ovine or caprine milk or milk products or is not intended for feed for farmed animals, other than fur animals;]

<sup>(\*)</sup>**OR** [~~contains ovine or caprine milk or milk products intended as feed for farmed animals, other than fur animals, and the milk or milk products:~~  
~~(a) are derived from animals from countries which meet GB requirements in regards to scrapie controls;~~  
~~(b) originate from holdings where no official restrictions are imposed due to a suspicion of TSE;~~  
~~(c) originate from holdings where no case of classical scrapie has been diagnosed during the period of the preceding seven years or, following the confirmation of a case of classical scrapie;~~

<sup>(\*)</sup>**~~EITHER~~** ~~[all ovine and caprine animals on the holding have been killed and destroyed or slaughtered, except for animals which meet GB requirements;]~~  
<sup>(\*)</sup>**~~OR~~** ~~[all animals in which classical scrapie was confirmed have been killed and destroyed, and the holding has been subjected to TSE monitoring which meets GB requirements;]]~~

(\*) Keep as appropriate.

**Official Veterinarian / Official Inspector**

**By signing this certificate, I certify that the requirements laid out above and in the accompanying notes for completion have been met.**

Name (in capital letters):

Qualification and title:

Date:

Signature:

Stamp:

The signature and the stamp must be in a different colour to that of the printing.