



### IMPORTED PIG MEAT DISCREPANCY NOTIFICATION

NOTE - All goods arriving at premises must be accompanied by a biosecurity direction.

The Department of Agriculture, Water and the Environment is to be notified immediately if any discrepancies are found.

AA Number; Site Name and Address:		State:
Date received at site:		Transport Company :
Biosecurity Entry Number:		
Import Permit Number:		Container Number:
Send to pigmeat@awe.gov.au		
DISCREPANCY	Shipping Container Seal	<input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Seal number incorrect Seal number on Container: _____ Seal number on Biosecurity Entry: _____
	Cartons Damaged/Spoilt/Disposal	<input type="checkbox"/> Physical / Mechanical damage <input type="checkbox"/> Thawed / Bloodied <input type="checkbox"/> Spoilt product <input type="checkbox"/> Disposal due to foreign matter(bone/shards/ lymph nodes) Number of cartons damaged: _____ (All damaged or contaminated cartons must be shrink wrapped) Will the damaged cartons still be used for processing? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', nominate a disposal method below and AA location for disposal _____ I request permission to voluntarily dispose of the above cartons under s557 of the Biosecurity Act 2015 in the manner indicated below. <input type="checkbox"/> Incineration <input type="checkbox"/> Deep burial <input type="checkbox"/> 100°C for 30 min* <input type="checkbox"/> autoclaving* (*Must be followed by disposal as general waste) Quantity of material to be disposed (e.g. grams/cartons): _____ _____
	Carton Numbers	Number of cartons on Biosecurity Order: _____ Number of cartons received: _____ Short: _____ Extra: _____
	Shipping Container Concerns Contaminated/damaged/Overweight	Is there a concern with the container? <input type="checkbox"/> contaminated (blood, meat, exudate etc)? <input type="checkbox"/> overweight? <input type="checkbox"/> damaged? Please select relevant AA location for inspection/cleaning _____
	Other Comment	

Name and Position (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_