## IMPORTED PIG MEAT DISCREPANCY NOTIFICATION

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

**The Department of Agriculture is to be notified immediately if any discrepancies are found.**

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| **Site Name and Address:** | **State:** |
| **Date received at site: Transport Company :** |
| **Biosecurity Entry Number: Container Number:** |
| **Send to ASG - Fax 1300 665 674 or treatments@agriculture.gov.au** |
| **DISCREPANCY** | **ShippingContainer Seal** | [ ]  Missing [ ]  Broken [ ]  Number does not match number on Biosecurity Order.(Tick **ALL** applicable boxes)Seal number on Container: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Seal number on Biosecurity Entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cartons Damaged****Other** | [ ]  Physical / Mechanical damage [ ]  Thawed / BloodiedNumber of cartons damaged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(All damaged or contaminated cartons must be shrink wrapped)Will the damaged cartons still be used for processing? [ ]  Yes [ ]  NoIf ‘No’, nominate a disposal method belowI request permission to voluntarily dispose of the above cartons under s557 of the Biosecurity Act 2015 in the manner indicated below. [ ]  Incineration [ ]  Deep burial [ ]  100°C for 30 min\* [ ]  autoclaving\* (\*Must be followed by disposal as general waste)Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Carton Numbers****(mandatory)** | Number of cartons on Biosecurity Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of cartons received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Short: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extra: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Shipping Container Contaminated****(mandatory)** | Is the container contaminated with (blood, meat, exudate etc)?[ ]  Yes [ ]  No |

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

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