

SCOTTISH QUALITY CROPS PASSPORT

No.....

NAME:

ADDRESS:

Section 1: Grower/Storekeeper Declaration (must be completed)

Crop Type	Variety	Store/Bin No./Name (Optional)
Loading Date	Crop Harvest Year	Haulier Company Name
Vehicle Reg. No.	Trailer/ID No.	Haulier Collection Ticket No.



Section 2: Vehicle Hygiene (to be completed by haulier)

	Date	Product Carried	Tick Cleansing Method				
			Brush/Vac	Wash	Steam Clean	Disinfect	None
1st Load (most recent)							
2nd Load							
3rd Load							

Section 3: Inspection of Vehicle Statement

"We have visually inspected this vehicle prior to loading and believe it to be in a fit condition to carry grain or other combinable crops to enter into the food or feed chain. No tests have been carried out to establish this and no warranty is given by this declaration".

Section 4: Post-Harvest Treatment (to be completed by grower/storekeeper)

Please circle sections A, B or C as appropriate and insert date and product details in the space provided

- A.** No post-harvest treatment has been applied to the crop carried in the vehicle referred to above.
- B.** Post-harvest applications of pesticide and/or other treatments, at or below the recommended level as stated by the manufacturer, have been made to the crop carried in the vehicle referred to above. For malting barley, only treatments permitted on the British Beer and Pub Association Approved List have been used.
- Or C.** (For grain drawn from bulk stores). The crop carried in the vehicle referred to above has been drawn from a bulk, delivered by suppliers who declared it had been partly/entirely treated with post-harvest treatments at or below the recommended levels stated by the manufacturer.

Date: _____ Product: _____

Section 5: Fusarium Mycotoxins – Grain intended for human consumption must be below EU limits for mycotoxins

A risk assessment* for fusarium mycotoxins (DON) for all wheat was carried out and produced the following result (insert value)

Mycotoxin testing, if requested, has produced the following results:

	Date of Test	Result (ppb)
Deoxynivalenol (DON) if requested	_____	_____
Zearalenone (ZON) if requested	_____	_____

If more than one test has been carried out, please record all results.

* Risk assessment details can be found at www.hgca.com or www.sqccrops.co.uk

Section 6: Confirmation (to be completed by grower/storekeeper confirming sections 1, 3, 4, 5 & 7 and by the haulier confirming sections 2 & 3)

Note: Signatures on behalf of the grower/storekeeper and haulier are required to complete the form

Grower/Storekeeper

Signed _____

Print Name _____

Position _____

Haulier

Signed (Driver) _____

Print Name _____

Section 7: GM Statement (oilseed crops only)

In compliance with regulations EC 1829/2003 and EC 1830/2003, the crop covered by this declaration is **NOT** subject to the labelling requirements specified in the above mentioned regulations and necessary steps have been taken to preserve the conventional (i.e. non-GM) status of the crop.

Section 8: Receipt Details (to be completed by receiver)

Receiver's Ref:	Weighbridge Ticket No:
Received by:	Date of Delivery:

Section 9: Renewable Energy Directive – Confirmation (to be completed by grower/storekeeper)

This load is certified as meeting the Renewable Energy Directive requirements			
Signed		Print Name	