

Please attach
Crop Assurance
Identification Sticker.

POST HARVEST COMBINABLE CROPS PASSPORT



Business Name:			
Collection Address:		Postcode:	

Section 1: Grain Movement Declaration

Loading Date:

THIS CROP IS INCONVERSION / ORGANIC (delete as appropriate)			
Crop Type (e.g. wheat)		Name of Haulier	
Variety		Trailer ID No	
Crop Year		Vehicle Registration No.	
Store / Bin Ref.		Haulier Collection Ref.	

Section 2: Vehicle Hygiene

	Date	Product	Tick Cleansing Method				
			Brush/Vac	Wash	Steam	Disinfect	Other
1st Load							
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 to enter into the food chain. No tests have been carried out to establish this and no warranty is given by this declaration"

Section 4: Post Harvest Treatment – where applicable (to be completed by grower/storekeeper)

Please circle section A, B or C as appropriate and insert date and product details in 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 pesticides 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. Details are as follows:

C. (Applies to 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 as stated by the manufacturer as follows: Details are as follows:

Date _____ Product _____

Section 5: FUSARIUM MYCOTOXINS – All cereals

A risk assessment* for DON (wheat only) has been carried out and produced the following result:

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Mycotoxin test(s) where applicable have been carried out producing the following result:

Deoxynivalenol (DON) Test result or range

ppb

Zearalenone (ZON) Test result or range

ppb

Ochratoxin (OTA) Test result or range

ppb

* for risk assessment go to: www.hgca.com or contact Organic Arable

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

Signed (Farmer) _____ Name _____ Date _____

Signed (Haulier) _____ Name _____ Date _____

Section 7: GM STATEMENT (oilseeds only)

In compliance with the Regulation (EC) no's 1829/2003 & 1830/2003, the crop covered by this declaration is not subject to the labelling requirement specified in the above mentioned regulation and the necessary steps have been taken to preserve the non-GM status of the crop.

Section 8: Renewable Energy Directive (confirmation to be completed by grower/storekeeper)

This Load has been grown on land which meets the requirements of the renewable Energy Directive Sustainability Criteria.

Signed _____ Name _____ Date _____
Farmer / Storekeeper

Section 9: Receipt Details (to be completed by receiver)

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