



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག་ འབྲུག་བཟའ་ཚས་དང་སློན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY
INSPECTION SERVICES



INSPECTION SCHEDULE FOR FEED BUSINESS

| | |
|----------------------------|--|
| Name of The Feed Business: | Address: |
| Licensing Criteria: | Application / License Number (as appropriate): |
| Product Category: | Products being manufactured: |
| Date of Inspection: | Inspection Team: 1) 2) 3) |

| Time | Process , Function (Depts) |
|------|----------------------------|
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Dated :

Signature
(Name of Inspection Team Leader)