



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

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



INSPECTION SERVICES

INSPECTION /REPORT FOR PHYTOSANITARY CERTIFICATE/MOVEMENT PERMIT

1. Application Number	2. Date of Inspection																																				
3. No. of samples drawn	4. Total sample size																																				
5. Samples drawn by	6. Samples inspected by																																				
7. Method of inspection & Testing																																					
<input type="checkbox"/> Visual	<input type="checkbox"/> Grow out	<input type="checkbox"/> Blotter Test																																			
<input type="checkbox"/> Washing/Extraction	<input type="checkbox"/> Fluoroscapy	<input type="checkbox"/> Agar Plating																																			
<input type="checkbox"/> Indexing/Bioassay	<input type="checkbox"/> Serology (e.g. ELISA)	<input type="checkbox"/> Light Microscopy																																			
<input type="checkbox"/> Electron Microscopy	<input type="checkbox"/> Molecular Biological Methods (e.g. probes)																																				
<input type="checkbox"/> Gel Electrophoresis	<input type="checkbox"/> Other (Specify) : _____																																				
8. Pest detected <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Pest category</th> <th style="width:30%;">Scientific name of pest</th> <th style="width:15%;">Level of infestation</th> <th style="width:15%;">Live/Dead</th> <th style="width:25%;">Risk category</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> Insect</td> <td rowspan="7"></td> <td style="padding: 5px;"><input type="checkbox"/> High</td> <td style="padding: 5px;"><input type="checkbox"/> Dead</td> <td style="padding: 5px;"><input type="checkbox"/> Quarantine Pest (QP)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Mite</td> <td style="padding: 5px;"><input type="checkbox"/> Medium</td> <td style="padding: 5px;"><input type="checkbox"/> Live</td> <td style="padding: 5px;"><input type="checkbox"/> Regulated Non-Quarantine Pest (RNQP)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Fungi</td> <td style="padding: 5px;"><input type="checkbox"/> Low</td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Non Quarantine Pest (NQP)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Bacteria</td> <td></td> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Unknown</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Virus</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Nematode</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Weed</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Pest category	Scientific name of pest	Level of infestation	Live/Dead	Risk category	<input type="checkbox"/> Insect		<input type="checkbox"/> High	<input type="checkbox"/> Dead	<input type="checkbox"/> Quarantine Pest (QP)	<input type="checkbox"/> Mite	<input type="checkbox"/> Medium	<input type="checkbox"/> Live	<input type="checkbox"/> Regulated Non-Quarantine Pest (RNQP)	<input type="checkbox"/> Fungi	<input type="checkbox"/> Low		<input type="checkbox"/> Non Quarantine Pest (NQP)	<input type="checkbox"/> Bacteria			<input type="checkbox"/> Unknown	<input type="checkbox"/> Virus				<input type="checkbox"/> Nematode				<input type="checkbox"/> Weed				9. Quarantine/Regulated Non Quarantine pests <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Treatment <input type="checkbox"/> Chemical
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Comments:	a. Chemical Name	
10. Treatment possible <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	b. Treatment	<input type="checkbox"/> Fumigation <input type="checkbox"/> Spray <input type="checkbox"/> Seed treatment <input type="checkbox"/> Other (Specify):
11. Laboratory analysis required <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	c. Concentration	
12. Phytosanitary measures <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	d. Duration & Temperature	
	e. Treated by	
	f. Additional Information	
Date :	Signature :	
Place of Inspection :	Name :	