

SAMPLING MINUTES

- pursuant to:  Animal Health Protection Act (chapter P-42, s. 55.15)  
 Marine Products Processing Act (chapter T-11.01, s. 45, par. 5)  
 Other Act

Name and address of person in charge	Report No.
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**A- REASONS FOR ACTIONS TAKEN**  
 Considering the reasons mentioned in offence report No. \_\_\_\_\_ respecting \_\_\_\_\_  
(name and address of person concerned)  
 dated 

Y	M	D

, I took the samples described in the document attached hereto, to be shipped or delivered, at room temperature , refrigerated  or frozen , on 

Y	M	D

 at \_\_\_\_\_ o'clock by \_\_\_\_\_  
 \_\_\_\_\_ to the  Laboratoires d'expertise et d'analyses alimentaires or  Laboratoire de  
(means of transport)  
 pathologie animale. Seals are affixed to the sample containers. Project No. \_\_\_\_\_ At the time of the swabbing, the surface used was \_\_\_\_\_ cm<sup>2</sup>.

**B- SAMPLING** (Method and procedures used - representativeness of the sample, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C- DESCRIPTION AND CHARACTERISTICS OF THE SAMPLE**  
 In addition to the record number and the name and address of the person concerned, I indicated, on the document attached hereto, the data and characteristics that I have personally observed in respect of each sample, particularly the place where the sample was taken, its number, the seal number, nature of the product, trademark, number of the lot to which it belongs, quantity taken, temperature of the sample when it was taken and, where applicable, the date on which the sample product was packaged, its "best before" expiry date or any other information likely to prove the authenticity of the sample.

Made in triplicate at \_\_\_\_\_  Document(s) attached  
(place)

SIGNATURES													
I have personally observed the facts and taken the actions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	I have personally observed the facts and actions mentioned in <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C												
Authorized person	Authorized person												
Surname and given names (in block letters)	Surname and given names (in block letters)												
Authorized person's No. or position <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D				Authorized person's No. or position <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>M</td><td>D</td></tr><tr><td> </td><td> </td><td> </td></tr></table>	Y	M	D			
Y	M	D											
Y	M	D											
Signature	Signature												

(Form prescribed by regulation to be used as documentary evidence)