Agriculture, Pêcheries et Alimentation
Québec

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.**

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^2.

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 _____
(place)

☐ Document(s) attached

SIGNATURES	
I have personally observed the facts and taken the actions mentioned in ☐A ☐B ☐C	I have personally observed the facts and actions mentioned in ☐A ☐B ☐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 Y M D	Authorized person's No. or position Y M D
Signature	Signature

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