

Časť I: Detaily o predloženej zásielke	I.2. Odkaz		I.3. Miestna referencia	I.1. Odosielateľ/vývozca		
			I.4. Control Authority	Meno/názov		
			I.5. Control Authority Code	Adresa		
				Krajina		
				Kód ISO		
	I.6. Prijemca/dovozca			I.7. Miesto určenia		
	Meno/názov			Meno/názov		
	Adresa			Adresa		
	Krajina			Activity ID		
	Kód ISO			Krajina		
Kód ISO			Kód ISO			
I.8. Prevádzkovateľ zodpovedný za zásielku			I.9. Sprievodné doklady			
Meno/názov			Druh			
Adresa			Číslo			
Krajina			Dátum vydania			
Kód ISO			Krajina a miesto vydania			
			Odkazy na obchodné doklady			
I.10. Prior notification						
Dátum			Čas			
I.13. Dopravný prostriedok			I.11. Krajina pôvodu			
			Kód ISO			
Druh	Dokument	Identifikácia	I.12. Región pôvodu			
I.15. Zariadenie pôvodu						
Meno/názov						
Adresa						
Číslo schválenia						
Krajina						
Kód ISO						
I.16. Prepravné podmienky						
Teplota okolia <input type="checkbox"/>		Chladené <input type="checkbox"/>		Mrazené <input type="checkbox"/>		
I.17. Číslo kontajnera/číslo pečate						
I.18. Tovar certifikát ako						
Ďalšie spracovanie <input type="checkbox"/>		Sample <input type="checkbox"/>		Iné <input type="checkbox"/>		
<input type="checkbox"/>		Display exhibition item <input type="checkbox"/>		Ludská spotreba <input type="checkbox"/>		
				Feedstuff <input type="checkbox"/>		
				Human consumption after further treatment <input type="checkbox"/>		
I.23. Pre vnútorný trh <input type="checkbox"/>						
I.23. For private import <input type="checkbox"/>						
I.25. Na opätovný vstup <input type="checkbox"/>						
I.24. Pre nevyhovujúci tovar <input type="checkbox"/>						
Colný sklad		<input type="checkbox"/>	Registračné č.			
Slobodné pásmo		<input type="checkbox"/>	Registračné č.			
Dodávateľ zásobujúci lode		<input type="checkbox"/>	Registračné č.			
Lod		<input type="checkbox"/>	Meno/názov			
			Prístav			
I.27. Dopravný prostriedok po hraničnej kontrolnej stanici/uskladnení			I.28. Dopravca			
Druh	Dokument	Identifikácia	Meno/názov			
			Adresa			
			Krajina			
			Kód ISO			
I.29. Dátum odchodu						

I.31. Description of consignment

1. 15 ŽIVOČÍŠNE ALEBO RASTLINNÉ TUKY A OLEJE A PRODUKTY ICH ŠTIEPENIA; UPRAVENÉ JEDLÉ TUKY; ŽIVOČÍŠNE ALEBO RASTLINNÉ VOSKY
1510 Ostatné oleje a ich frakcie, získané výlučne z olív, tiež rafinované, ale chemicky nemodifikované, vrátane zmesí týchto olejov alebo frakcií s olejmi alebo frakciami položky 1509
15109000 Other

Časť I: Detaily o predloženej zásielke

Tovar	Druh produktu	Čistá hmotnosť	Počet balení	Krajina pôvodu	Batch number	Množstvo
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I.32. Celkový počet balení	I.33. Množstvo	I.34. Celková čistá hmotnosť	I.34. Celková hrubá hmotnosť	I.34. Total gross volume
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I.35 Vyhlásenie

I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching consignments, quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.

Dátum podpisu

Meno podpisujúcej osoby

Podpis

CHED-D

Časť II: Rozhodnutie o zásielke

II.3. Dokladová kontrola EU Standard Uspokojivé <input type="checkbox"/> Nevyhovujúce <input type="checkbox"/>	II.4. Kontrola totožnosti Uspokojivé <input type="checkbox"/> Áno <input type="checkbox"/> Nie <input type="checkbox"/> Nevyhovujúce <input type="checkbox"/>																
II.5. Fyzická kontrola Uspokojivé <input type="checkbox"/> Áno <input type="checkbox"/> Nie <input type="checkbox"/> Nevyhovujúce <input type="checkbox"/>	II.6 Laboratory Tests Skúška Áno <input type="checkbox"/> Nie <input type="checkbox"/> Náhodný výber <input type="checkbox"/> Podozrenie <input type="checkbox"/> Výsledky <input checked="" type="checkbox"/> procese realizácie Uspokojivé <input type="checkbox"/> Nevyhovujúce <input type="checkbox"/>																
II.7. Kontrola dobrých životných podmienok Uspokojivé <input type="checkbox"/> Áno <input type="checkbox"/> Nie <input type="checkbox"/> Nevyhovujúce <input type="checkbox"/>																	
II.10 Acceptable for onward transportation <input type="checkbox"/> II.16 NEPRIJATELNÉ <input type="checkbox"/>																	
1. Zničenie <input type="checkbox"/> 2. Príslušné ošetrenia <input type="checkbox"/> 3. Vrátenie <input type="checkbox"/> 4. Použitie na iné účely <input type="checkbox"/>																	
Dátum/čas II.17 Dôvod zamietnutia <table style="width: 100%; border: none;"> <tr><td style="width: 80%;">1. Documentary: Incorrect certification</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2. Documentary: Absence of original certificate</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3. Physical: Chyba hygieny</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4. Identity: Label/Document mismatch</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5. Laboratory: Chemická kontaminácia</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6. Laboratory: Mikrobiologická kontaminácia</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>7. Other: Iné RASFF</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>8. Other: Iné</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>		1. Documentary: Incorrect certification	<input type="checkbox"/>	2. Documentary: Absence of original certificate	<input type="checkbox"/>	3. Physical: Chyba hygieny	<input type="checkbox"/>	4. Identity: Label/Document mismatch	<input type="checkbox"/>	5. Laboratory: Chemická kontaminácia	<input type="checkbox"/>	6. Laboratory: Mikrobiologická kontaminácia	<input type="checkbox"/>	7. Other: Iné RASFF	<input type="checkbox"/>	8. Other: Iné	<input type="checkbox"/>
1. Documentary: Incorrect certification	<input type="checkbox"/>																
2. Documentary: Absence of original certificate	<input type="checkbox"/>																
3. Physical: Chyba hygieny	<input type="checkbox"/>																
4. Identity: Label/Document mismatch	<input type="checkbox"/>																
5. Laboratory: Chemická kontaminácia	<input type="checkbox"/>																
6. Laboratory: Mikrobiologická kontaminácia	<input type="checkbox"/>																
7. Other: Iné RASFF	<input type="checkbox"/>																
8. Other: Iné	<input type="checkbox"/>																
II.18 Details of controlled destination Meno/názov Adresa Krajina Kód ISO																	
II.20 Identifikácia hraničnej kontrolnej stanice Hraničná kontrolná stanica Pečiatka Číslo jednotky	II.21 Certifying officer Ja, podpísaný certifikujúci úradník, týmto potvrdzujem, že uvedené kontroly zásielky boli vykonané v súlade s požiadavkami Únie a podľa potreby v súlade s vnútroštátnymi požiadavkami členského štátu určenia. Celé meno Podpis Dátum podpisu																

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Common Health Entry Document

Part I: Description of consignment presented

I.2. CHED Reference	I.3. Local reference	I.1. Consignor/Exporter Name Address Country ISO Code		
	I.4. Control Authority			
	I.5. Control Authority Code			
I.6. Consignee/Importer Name Address Country ISO Code		I.7. Place of Destination Name Address Activity ID Country ISO Code		
I.8. Operator responsible for the consignment Name Address Country ISO Code		I.9. Accompanying documents Type Number Date of Issue Country and place of issue Commercial documentary references		
I.10. Prior notification Date Time				
I.13. Means of transport			I.11. Country of Origin ISO Code	
Mode	International transport document	Identification	I.12. Region of Origin	
I.15. Establishment of origin Name Address Approval Number Country ISO Code				
I.16. Transport conditions Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>				
I.17. Container No / Seal No				
I.18. Certified as or for Further process <input type="checkbox"/> Sample <input type="checkbox"/> Other <input type="checkbox"/> Display exhibition item <input type="checkbox"/> Human Consumption <input type="checkbox"/> Feedstuff <input type="checkbox"/> Human consumption after further treatment <input type="checkbox"/>				
I.23. For internal market <input type="checkbox"/>				
I.23. For private import <input type="checkbox"/>				
I.25. For re-entry <input type="checkbox"/>				
I.24. For non conforming goods <input type="checkbox"/>				
Customs warehouse	<input type="checkbox"/>	Registered No.	<input type="checkbox"/>	
Free zone	<input type="checkbox"/>	Registered No.		
Ship supplier	<input type="checkbox"/>	Registered No.		
Ship	<input type="checkbox"/>	Name Port		
I.27. Means of transport after BCP/storage			I.28. Transporter	
Mode	International transport document	Identification	Name Address Country ISO Code	
I.29. Date of departure				

Part I: Description of consignment presented

I.31. Description of consignment
1. 15 ANIMAL OR VEGETABLE FATS AND OILS AND THEIR CLEAVAGE PRODUCTS; PREPARED EDIBLE FATS; ANIMAL OR VEGETABLE WAXES
1510 Other oils and their fractions, obtained solely from olives, whether or not refined, but not chemically modified, including blends of these oils or fractions with oils or fractions of heading |1509
15109000 Other

Commodity	Product type	Net weight	Package count	Country of Origin	Batch number	Quantity
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I.32. Total number of packages	I.33. Quantity	I.34. Total Net Weight	I.34. Total Gross Weight	I.34. Total gross volume		
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I.35 Declaration
 I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching consignments, quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.

Date of signature	Name of Signatory	Signature

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Part II: Decision on consignment

<p>II.3. Documentary Check</p> <p>EU Standard Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/></p>	<p>II.4. Identity Check</p> <p align="center">Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not satisfactory <input type="checkbox"/></p>
<p>II.5. Physical Check</p> <p align="center">Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not satisfactory <input type="checkbox"/></p>	<p>II.6 Laboratory Tests</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Test</p> <p align="center">Random <input type="checkbox"/> Suspicion <input type="checkbox"/></p> <p>Results Pending <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory <input type="checkbox"/></p>
<p>II.7. Welfare Check</p> <p align="center">Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not satisfactory <input type="checkbox"/></p>	
<p>II.10 Acceptable for onward transportation <input type="checkbox"/></p> <p>II.16 NOT ACCEPTABLE <input type="checkbox"/></p> <p>1. Destruction <input type="checkbox"/></p> <p>2. Special treatment <input type="checkbox"/></p> <p>3. Re-dispatch <input type="checkbox"/></p> <p>4. Use for other purposes <input type="checkbox"/></p>	
<p>Date/time</p> <p>II.17 Reason for Refusal</p> <p>1. Documentary: Incorrect certification <input type="checkbox"/></p> <p>2. Documentary: Absence of original certificate <input type="checkbox"/></p> <p>3. Physical: Hygiene failure <input type="checkbox"/></p> <p>4. Identity: Label/Document mismatch <input type="checkbox"/></p> <p>5. Laboratory: Chemical contamination <input type="checkbox"/></p> <p>6. Laboratory: Microbiological contamination <input type="checkbox"/></p> <p>7. Other: Other RASFF <input type="checkbox"/></p> <p>8. Other: Others <input type="checkbox"/></p>	
<p>II.18 Details of controlled destination</p> <p>Name _____</p> <p>Address _____</p> <p>Country _____ ISO Code _____</p>	
<p>II.20 Identification of BCP</p> <p>BCP _____ Stamp _____</p> <p>Unit number _____</p>	<p>II.21 Certifying officer</p> <p>I, the undersigned certifying officer, certify that the checks on the consignment have been carried out in accordance with the Union requirements and where applicable in accordance with the national requirements of the Member State of destination.</p> <p>Full name _____ Signature _____</p> <p>Date of signature _____</p>
Empty space for additional information or signature	