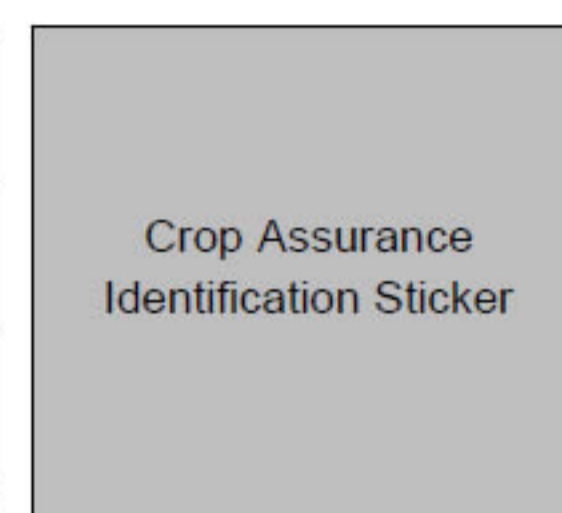


Business name: \_\_\_\_\_ Collection address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Section 1: Grain Movement Declaration (to be completed by grower/storekeeper)**

Crop Type	Variety (if applicable)	Store/Bin No./Name (if applicable)
Loading Date	Harvest Year (if applicable)	Haulier Company Name
Vehicle Reg. No.	Trailer/ID No.	Haulier Collection Ticket No.



**Section 2: Vehicle Hygiene (to be completed by haulier)**

	Date	Product	Tick Cleansing Method				
			Brush/Vac	Wash	Steam Clean	Disinfect	None
1 <sup>st</sup> Load (most recent)							
2 <sup>nd</sup> Load							
3 <sup>rd</sup> Load							

**Section 3: Inspection of Vehicle Statement**

"We have visually inspected this vehicle prior to loading and believe it to be in a fit condition to carry grain or other combinable crops to enter into the food or feed chain. No tests have been carried out to establish this and no warranty is given by this declaration".

**Section 4: Post-Harvest Treatment – where applicable (to be completed by grower/storekeeper)**

Please circle sections A B or C as appropriate and insert date and product details in the space provided

- A. No post harvest treatment has been applied to the crop carried in the vehicle referred to above
- B. Post-harvest applications of pesticide and/or other treatments, at or below the recommended level as stated by the manufacturer, have been made to the crop carried in the vehicle referred to above. For malting barley, only treatments permitted on the British Beer and Pub Association Approved List have been used.
- Or (For grain drawn from bulk stores). The crop carried in the vehicle referred to above has been drawn from a bulk, delivered by suppliers who declared it had been partly/entirely treated with post harvest treatments at or below the recommended levels stated by the manufacturer.

Date: \_\_\_\_\_ Product: \_\_\_\_\_

**Section 5: Fusarium Mycotoxins – All Cereals (to be completed by grower/storekeeper)**

A risk assessment for DON (wheat only) was carried out and produced the following result (insert figure)

Mycotoxin test(s), where applicable, have been carried out producing the following result:

	Date of Test	Result (ppb)
Deoxynivalenol (DON) if applicable	_____	_____
Zearalenone (ZON) if applicable	_____	_____

If more than one test has been carried out, please record all results.

Risk assessment details can be found at: [www.hgca.com](http://www.hgca.com) or [www.assuredcrops.co.uk](http://www.assuredcrops.co.uk)

**Section 6: Confirmation (to be completed by grower/storekeeper confirming sections 1,3,4 & 5 and by the haulier confirming sections 2 & 3)**

Note: A signature on behalf of the grower/storekeeper and haulier is required to complete the form

**Grower/Storekeeper**  
 Signed \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Position \_\_\_\_\_

**Haulier**  
 Signed (Driver) \_\_\_\_\_  
 Print Name \_\_\_\_\_

**Section 7: GM Statement (oil seed crops only)**

In compliance with regulations EC 1829/2003 and EC 1830/2003, the crop covered by this declaration is **NOT** subject to the labelling requirements specified in the above mentioned regulations and necessary steps have been taken to preserve the conventional (i.e. non-GM) status of the crop.

**Section 8: Renewable Energy Directive (confirmation to be completed by grower/storekeeper)**

This load has been grown on land which meets the requirements of the Renewable Energy Directive Sustainability Criteria

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Section 9: Receipt Details (to be completed by receiver)**

Receiver's ref.: \_\_\_\_\_ Weighbridge Ticket No.: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_