



A GrainCorp business

Business Name _____

COMBINABLE CROPS PASSPORT

CROP ASSURANCE IDENTIFICATION STICKER

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)	Haulage 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
1st Load (Most Recent)							
2nd Load							
3rd 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 pesticides and / or other treatments at or below the recommended levels 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)

- C. The crop carried in the vehicle referred to above has been drawn from a bulk, delivered by suppliers who declared it had been partially/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 value)

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

	Date of Test	Result (ppb)
Deoxynivalenol (DON) if applic.	_____	_____
Zearalenone (Zon) if applic.	_____	_____

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

Risk assessment details can be found at: www.ahdb.org.uk/mycotoxins

Section 6: Confirmation (to be completed by grower/storekeeper confirming sections 1,3,4, & 5 and 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 _____

Haulier

Signed (Driver) _____

Print Name _____

Section 7: GM Statement (oil seed crops only)

In compliance with Regulations (EC) no.1829/2003 and (EC) no 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 and from 1st July 2021 the recast RED/Directive (EU) 2018/2001.

Signed: _____

Print Name: _____

Section 9: If ISCC Rapeseed / Wheat, it is certificated by ISCC under ref EU-ISCC-Cert-DE100-20382021

Section 10: Receipt Details (to be completed by receiver)

Receiver's Ref: _____	Weighbridge Ticket No: _____
Received By: _____	Date of Delivery: _____

Material : As Above

Moisture : As per contract specification

Net Weight : See Weighbridge Ticket

Batch : See Weighbridge Ticket

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