# Annex A: Import Monitoring Tables for Customs Sites

# ADAPTED FROM Solomon Islands & East, Central, and Southern Africa Health Community Manuals

# Table A: INPECTION AT IMPORTATION SITES

**Date ……………………. POE ………………… District/County/Subcounty ………………….………..…**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Inspector: …………………………….. | | | | Supplier Address: ………………………………  ……………………………… | | Batch Numbers and Size (MT): …………….. |
| Product: ………… | | Brand: ……………… | | Variety of Food (refined, whole, others): …………. |
| Country of Origin: | | | | Certificate of Conformity: …………………….. |
| Shipping Record ID: ………………………. | | | | Importer: ………………………………………………………………………………  Name and Address: ………………………………………………………………….. | | |
| Product Examination, Labeling information[[1]](#footnote-1) | | | | | | |
|  | **Adequate** | | **Inadequate** | | **Comments** | |
| Brand Name |  | |  | |  | |
| Manufacturer |  | |  | |  | |
| Nutrient Claims |  | |  | | Specify nutrients | |
| Expiry Date |  | |  | |  | |
| Batch Number |  | |  | |  | |
| Presence of Nutrient |  | |  | | Based on qualitative test on three samples per brand and per truck (consignment) | |
| **Action:** |  | |  | | **Signature:** | |

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# Table B: REPORT OF INSPECTION AT IMPORTATION SITES

**REPORT OF IMPORT INSPECTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Product (Food Type)** | **Brand** | **Country of Origin** | **Amount (MT)** | **Tested Micronutrient** | **Qualitative Test (+ or -)** | **Action Taken** |
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1. Mark with a tick (**√**) in the adequate or inadequate boxes where applicable [↑](#footnote-ref-1)