

**SAMPLING FORM**

**Sample Code:**

**Sampling Date:**

|                                       |                         |  |                  |   |
|---------------------------------------|-------------------------|--|------------------|---|
| Filled in during the inspection/Audit | Operator's Name         |  | Type of activity | <input type="checkbox"/> Plant production                   |
|                                       | Operator Code Number    |  |                  | <input type="checkbox"/> Collection of wild plants          |
|                                       | Operator representative |  |                  | <input type="checkbox"/> Preparation (Processing/Packaging) |
|                                       | Email                   |  |                  |   |
|                                       | Telephone number        |  |                  |   |

**Field sample - Farm parcel identification:**

|  |   |                                  |  |  |
|--|---|----------------------------------|--|--|
| <input type="checkbox"/> <b>Soil sample</b>          | <input type="checkbox"/> Non-irrigated<br><input type="checkbox"/> Irrigated  | Depth of sample _____ centimetre | Incline level of the farm parcel<br><input type="checkbox"/> Very inclined <input type="checkbox"/> Inclined <input type="checkbox"/> Even |  |
| <input type="checkbox"/> <b>Type of Plant sample</b> | <input type="checkbox"/> Leaves <input type="checkbox"/> Fruits <input type="checkbox"/> Stems <input type="checkbox"/> Whole plants  |                                  | Risk of contamination:<br>(Very low, Low, Medium, High, Very high)   |  |
| <b>Crops</b>   | <b>Scope of Analysis</b>  |                                  |  | If applicable, indicate additional parameters or instructions for analysis |
| Of the current year                                  | <input type="checkbox"/> Pesticide residues (insecticides, fungicides, etc.)<br><input type="checkbox"/> Residues of chemical fertilizers (Soil)<br><input type="checkbox"/> GMO (Soybean seed, corn, cotton and their seeds) |                                  |  |  |
| Of the previous year                                 | <input type="checkbox"/> Heavy metals (Soil, manure, organic fertilizers)<br><input type="checkbox"/> Dioxins   |                                  |  |  |

Sample was taken according to A CERT sampling procedure with number ICS-BIO3CC-D1.39

**Taking a sample from a storage or processing line - Product:**

|   |  |  |
|---|--|--|
| <b>Place/unit of sampling:</b>  | <b>Scope of Analysis</b>   | If applicable, indicate additional parameters or instructions for analysis |
| <input type="checkbox"/> <b>Plant Product</b> (plant production or wild collection operation) | <input type="checkbox"/> Agrochemical residues (pesticides, fungicides, etc.)  |  |
| <input type="checkbox"/> <b>Product</b> (raw material for processed products)                 | <input type="checkbox"/> GMO   |  |
| <input type="checkbox"/> <b>Processed products</b>  | <input type="checkbox"/> Other non-authorized substances and/or techniques that are used in processing<br><input type="checkbox"/> Dioxins |  |

Justification for sampling

Collaborating laboratories  SGS (TR)  VELTIA LAB (GR)  Eurofins \_\_\_\_\_ ( )  Other: ..... ( )  
Indicate if there is any objection from the operator's side to deliver the sample to any of the collaborating laboratories mentioned above and justify the reasons

Inspector's Name and Surname

Operator's Name and Surname

Inspector's signature

Operator's Signature

**Results of Laboratory Analysis**

|  |  |  |
|--|--|--|
| Laboratory   |  | Date of the certificate of analysis:                     |
| Report reference code  |  |  |
| Analysis result  | <input type="checkbox"/> Negative (no findings) <input type="checkbox"/> Positive (detected non-authorized substances) | I have acknowledged                                      |
| Comments:  |  | Certification Manager                                    |
| If the result is positive, does the operator wish to analyse the replicate sample? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Results of chemical analysis of a counter sample**

|                               |  |                                      |
|-------------------------------|--|--------------------------------------|
| Laboratory of sample analysis |  | Date of the certificate of analysis: |
| Report reference code         | Analysis result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive | I have acknowledged                  |
| Comments:                     |  | Certification Manager                |

**INFORMATION ON SAMPLING PLANT PRODUCTION UNITS (FIELDS)**

Identify and draw the field/fields (farm/ farms) from where the sample was collected and mark the sampling points as well as the sampling route. You are requested also to describe the status of the neighbouring cultivations at all sides indicating, if any, the possible sources of contamination including also the distance in meters between the neighbouring cultivations and the sampled field/fields. Lastly, when applicable, the drawing must include information regarding the buffer zones and the applied control measures to avoid cross/drift-contamination.

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>Sample Code:</b>                 |  |                                    |  |
| <b>Date of sampling:</b>            |  |                                    |  |
| <b>Inspector's Name and Surname</b> |  | <b>Operator's Name and Surname</b> |  |
|                                     |  |                                    |  |
| Operator's Signature                |  | Operator's Signature               |  |