



RECORDING FORMATS

- i. Record of Transport & Transport Inventory List
- ii. Record of Storage
- iii. Record of Storage Inspection & Inventory
- iv. Record of Planting
- v. Record of Spatial Isolation
- vi. Record of Harvest/Termination
- vii. Record of Post-Harvest Monitoring
- viii. Record of Corrective Action

RECORD OF TRANSPORT

INSTRUCTIONS:

- ☐ This Record of Transport should be completed for every consignment of regulated transgenic plant material.
- ☐ For consignment of a single item of regulated plant material, complete only the information on this page. For consignments of multiple items, complete and affix one or more copies of the inventory list on page 2.
- ☐ Following completion of this record by the Transport In-Charge, one copy should be forwarded to the Recipient. Following completion of this record by the Recipient, one copy should be returned to the Transport In-Charge and one copy should be forwarded to the Permitted Party.
- ☐ In the event of an accidental release during transport, a Record of Corrective Action must be initiated.

PLEASE PRINT CLEARLY

PERMITTED PARTY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRANSPORT IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF TRANSPORT (cont'd)

RECIPIENT

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

I. REGULATED PLANT MATERIAL IDENTIFICATION

RCGM/GEAC Permit Number _____

Plant species _____

No. / names of varieties / hybrids / checks _____

Specify exact amount of material of each of the above. _____

Transported (g or number) _____

Form of material ☐ seed ☐ tuber ☐ transplants ☐ other, describe below

Identify any chemical treatment of the material _____

II. PRE-TRANSPORT DETAILS (to be completed by Transport In-Charge)

Method of transport ☐ rail ☐ road ☐ air ☐ ship ☐ other, specify below

RECORD OF TRANSPORT (cont'd)

II. PRE-TRANSPORT DETAILS (cont'd)

Name and contact details of transporter

Primary container

☐ plastic bag ☐ paper bag ☐ other, describe below

Type of secondary container

Condition of container

☐ new ☐ used

Accompanying documentation

Movement permit

Phytosanitary certificate

Other(s), describe

SHIPMENT VERIFICATION

SIGNATURE OF TRANSPORT IN-CHARGE

Shipment date

III. RECEIPT OF SHIPMENT (to be completed by recipient)

All inventory checked and complete

☐ yes ☐ no

All accompanying documentation received

☐ yes ☐ no

Condition of shipping containers

Primary container ☐ intact ☐ damaged

Secondary container ☐ intact ☐ damaged

Other details on condition of shipping containers or documentation

RECEIPT VERIFICATION

Signature of recipient

Receipt date

RECORD OF TRANSPORT (cont'd)

IV. REGULATED TRANSGENIC PLANT MATERIAL INVENTORY LIST

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

RECORD OF TRANSPORT (cont'd)

IV. REGULATED TRANSGENIC PLANT MATERIAL INVENTORY LIST (cont'd)

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

.....

S. No. _____ Event name _____

Permit number _____

Exact amount of material transported (g or number) _____

Form of plant material ☐ seed ☐ tubers ☐ transplants ☐ rhizomes
☐ budwood/shoots ☐ whole plants

Identify any chemical treatment of the material _____

RECORD OF STORAGE

INSTRUCTIONS:

- ☐ This Record of Storage should be completed for each lot of regulated plant material / seed placed into storage and each Record of Storage should be identified with a unique inventory control number. One or more copies of the Record of Inventory Change can be attached to the Record of Storage to document any removals of material from storage.
- ☐ The designated official of the Permitted Party is the person responsible for the regulated plant material in storage.
- ☐ No regulated plant material should be removed from storage for transport outside of the facility without completion of a Record of Transport.
- ☐ In the event of an Accidental Release of the regulated plant material during storage, the Permitted Party should be immediately informed by the designated official by telephone and fax. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PERMITTED PARTY

PLEASE PRINT CLEARLY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

DESIGNATED OFFICIAL / FACILITY IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF STORAGE (cont'd)

STORAGE FACILITIES

Building name _____

Room number/description _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRANSGENIC PLANT MATERIAL IDENTIFICATION

Permit number _____

Plant species _____

Event name _____

INVENTORY INFORMATION

Amount of material placed in storage _____

First date of storage _____

CREATION OF RECORD OF STORAGE

Signature of Designated Official/Facility In-Charge _____ Effective date _____

TERMINATION OF RECORD OF STORAGE

Reason for termination of storage ☐ all material removed ☐ destruction of material ☐ other, detail below

Signature of Designated Official/Facility In-Charge _____ Effective date _____

RECORD OF STORAGE (cont'd)

RECORD OF INVENTORY CHANGE

An entry into this Record of Inventory Change should be made each time an amount of regulated material is removed from storage inventory.

When the final lot of regulated material is removed from storage, the associated Record of Storage should be updated and the Record of Inventory Change should be attached. Only authorized persons should remove regulated material from storage and no material should be removed from storage for transport outside of the facility without completion of a Record of Transport.

REMOVALS OF MATERIAL FROM STORAGE

S. No.	Removal date (DD-MM-YY)	Amount removed	Amount remaining	Signature of Designated Official/Facility In-Charge

RECORD OF STORAGE INSPECTION

INSTRUCTIONS:

- ☐ This Record of Storage Inspection should be completed ONCE EVERY FOUR (4) WEEKS by the Facility In-Charge to ensure that storage conditions are maintained so that unintended releases of regulated transgenic plant material do not occur.
- ☐ This Record of Storage Inspection should be retained by the Facility In-Charge and made available to regulatory officials upon request.
- ☐ In the event of an Accidental Release of the regulated plant material during storage, the Permitted Party should be immediately notified by telephone and facsimile. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PERMITTED PARTY

PLEASE PRINT CLEARLY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

FACILITY IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF STORAGE INSPECTION (cont'd)

STORAGE FACILITIES

Building name _____

Room number/description _____

Address _____

Telephone _____ Fax _____

E-mail _____

INSPECTION CHECK LIST

Storage area secure ☐ yes ☐ no

Storage area clean and free of any waste or debris ☐ yes ☐ no

Storage area clearly labelled ☐ yes ☐ no

Monthly records of storage inspection available ☐ yes ☐ no

In the event of a **NO** answer to any of the above, provide additional explanation below.

FACILITY IN-CHARGE VERIFICATION

This activity has been carried out to meet the specific authorization permit conditions for storage of regulated plant material.

Signature of Facility In-Charge

Date signed

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

RECORD OF PLANTING

INSTRUCTIONS:

- ☐ This Record of Planting should be completed to document the planting of all regulated plant material at a field trial site.
- ☐ Use the following two-letter codes to designate the destruction method for excess planting material: DH - dry heat, SH - steam heat, BU – burning, DB - deep burial, CR – crushing, OT- other.
- ☐ Following completion of this record by the Trial In-Charge, one copy should be forwarded to the Permitted Party. The original should be retained by the Trial In-Charge and made available to regulatory officials upon request.
- ☐ In the event of an Accidental Release during planting, the Permitted Party should be notified immediately by telephone and facsimile. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PLEASE PRINT CLEARLY

PERMITTED PARTY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRIAL IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF PLANTING (cont'd)

TRIAL SITE

Site location _____

Trial site size (ha or m²) _____ No. of trials at this site _____

Legal or descriptive land location _____

Distance to nearest cultivated field of the same plant species (m) _____

Distance to nearest commercial crop of any kind (m) _____

Is the isolation distance under the Trial In-Charge's control? ☐ yes ☐ no

PLANTING

Method of planting ☐ hand ☐ machinery ☐ other, describe below

Was all machinery cleaned, inspected and confirmed free of plant material prior to exiting the trial site? ☐ yes ☐ no

TRANSPORTATION OF REGULATED PLANT MATERIAL

Is a Record of Transport for all material transported to the trial site attached?

☐ yes ☐ no Consignment No.

Was any regulated plant material dispatched from the trial site during or after planting? If yes, enter consignment number.

☐ yes ☐ no Consignment No.

RECORD OF PLANTING (cont'd)

COMPLETE THE FOLLOWING SECTION FOR EACH TRIAL AT THE TRIAL SITE

S. No.	Event name	Permit number	Area planted	Date planted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TRIAL IN-CHARGE VERIFICATION

This activity has been carried out to meet the specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Trial In-Charge

Date signed

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

RECORD OF SPATIAL ISOLATION

INSTRUCTIONS:

- ☐ The spatial isolation area as mandated in the permit from RCGM/GEAC should be inspected at least ONCE EVERY TWO (2) WEEKS during the growing season for the presence of prohibited plants.
- ☐ If any prohibited plants within the isolation area are permitted to complete flowering, a breach of reproductive isolation will have occurred.
- ☐ Growth stages of any prohibited plants must be recorded.
- ☐ This Record of Spatial Isolation should be used to record every inspection, including removal of plants as may be necessary. Monitoring should be carried out by the Trial In-Charge or a person authorized by the Trial In-Charge.
- ☐ This Record of Spatial Isolation should be retained by the Trial In-Charge and made available to regulatory officials/monitoring committees upon request.
- ☐ In the event of a breach of reproductive isolation, the Permitted Party should be notified immediately by telephone and facsimile. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PLEASE PRINT CLEARLY

PERMITTED PARTY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRIAL IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF SPATIAL ISOLATION (cont'd)

TRIAL SITE

Site location _____

Trial site size (ha or m²) _____ No. of trials at this site _____

Legal or descriptive land location _____

Distance to nearest cultivated field of the same plant species (m) _____

Distance to nearest commercial crop of any kind (m) _____

Is the isolation distance under the Trial In-Charge's control? ☐ yes ☐ no

COMPLETE THE FOLLOWING SECTION FOR EACH TRIAL AT THE TRIAL SITE

S. No.	Event name	Permit number	Area planted	Date planted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

RECORD OF SPATIAL ISOLATION (cont'd)

DATA SHEET FOR RECORDING MONITORING FOR THE PRESENCE OF PROHIBITED PLANTS

S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
1.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
2.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
3.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
4.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
5.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
6.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
7.				
Additional comments and observations				Signature

RECORD OF SPATIAL ISOLATION (cont'd)

DATA SHEET FOR RECORDING MONITORING FOR THE PRESENCE OF PROHIBITED PLANTS (cont'd)

S. No.	Date inspected	Prohibited plants present	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
8.		<input type="checkbox"/> yes <input type="checkbox"/> no		
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
9.		<input type="checkbox"/> yes <input type="checkbox"/> no		
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
10.		<input type="checkbox"/> yes <input type="checkbox"/> no		
Additional comments and observations				Signature

ADDITIONAL COMMENTS AND OBSERVATIONS

TRIAL IN-CHARGE VERIFICATION

This activity has been carried out to meet the specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Trial In-Charge

Date signed

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

RECORD OF HARVEST / TERMINATION

INSTRUCTIONS:

- ☐ This Record of Harvest / Termination should be completed following harvest or termination of confined field trials and disposition of regulated plant material at a single trial site. It should document the method of harvesting the regulated plant material, the harvest date(s), and the fate of all harvested material and any residual regulated plant material remaining on the trial site.
- ☐ A copy of the Record of Harvest / Termination should be forwarded to the Permitted Party within FIFTEEN (15) DAYS of harvest/termination of the trial. The original should be retained by the Trial In-Charge.
- ☐ In the event of an Accidental Release of regulated plant material during harvest, termination and/or disposition of the trial, the Permitted Party should be notified immediately by telephone and facsimile. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PLEASE PRINT CLEARLY

PERMITTED PARTY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRIAL IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF HARVEST / TERMINATION (cont'd)

TRIAL SITE

Site location _____

Trial site size (ha or m²) _____ No. of trials at this site _____

Legal or descriptive land location _____

Distance to nearest cultivated field of the same plant species (m) _____

Distance to nearest commercial crop of any kind (m) _____

Is the isolation distance under the Trial In-Charge's control? ☐ yes ☐ no

HARVEST / TERMINATION METHOD

Date of harvest / termination _____

Describe harvest / termination method ☐ hand ☐ machinery ☐ burning ☐ other, describe below

Machinery or tools inspected, cleaned and confirmed free of plant material prior to leaving the trial site? ☐ yes ☐ no

Indicate how machinery was cleaned at the trial site following crop termination ☐ hand ☐ water ☐ other, describe below

ON SITE DISPOSITION OF PLANT MATERIAL

☐ burning ☐ burial

RECORD OF HARVEST / TERMINATION (cont'd)

DATA SHEET FOR RECORDING HARVEST AND DISPOSITION

S. No.	Permit number	Amount harvested (g)	Quantity retained / stored (g)	Type of material retained	Regulated plant material transported from site
1.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
2.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
3.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
4.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
5.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
6.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
7.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
8.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
9.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no
10.				<input type="checkbox"/> grain/seed <input type="checkbox"/> whole plants <input type="checkbox"/> vegetative material	<input type="checkbox"/> yes <input type="checkbox"/> no

ADDITIONAL COMMENTS AND OBSERVATIONS

TRIAL IN-CHARGE VERIFICATION

This activity has been carried out to the specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Trial In-Charge

Date signed

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

RECORD OF POST HARVEST MONITORING

INSTRUCTIONS:

- ☐ Trial sites should be inspected for the presence of prohibited plants at least ONCE EVERY TWO (2) WEEKS during the growing season for the ONE YEAR post harvest period. Growth stages of any prohibited plants must be recorded. The post-harvest period begins on the date of harvest/termination of the trial.
- ☐ If any breach of reproductive isolation occurred during performance of the trial, the post-harvest restrictions, including the monitoring requirements for prohibited plants, will apply to the trial site and the spatial isolation area around the trial site.
- ☐ During the post-harvest period, if any prohibited plants are permitted to flower within the area under post-harvest restrictions, an additional post-harvest period of one year will be applied. The incident and any corrective action taken should be recorded on a Record of Corrective Action.
- ☐ The Record of Post-Harvest Inspection should be retained by the Trial In-Charge and made available to regulatory officials/monitoring committees upon request. Upon completion, a copy of the signed Record of Post-Harvest Inspection should be forwarded to the Permitted Party.
- ☐ In the event of a breach of reproductive isolation, the Permitted Party must be notified immediately by telephone and facsimile. The incident and any corrective action taken should be recorded on a Record of Corrective Action.

PLEASE PRINT CLEARLY

PERMITTED PARTY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

TRIAL IN-CHARGE

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF POST HARVEST MONITORING (cont'd)

TRIAL SITE

Site location _____

Trial site size (ha or m²) _____ No. of trials at this site _____

Legal or descriptive land location _____

Area under post harvest restriction ☐ trial area only ☐ trial area + isolation area

Post harvest year ☐ 1 year ☐ 2 year ☐ 3 year

REGULATED PLANT MATERIAL PREVIOUSLY PLANTED AT THE TRIAL SITE

S. No.	Event name	Permit number	Area planted	Date planted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

DATA SHEET FOR RECORDING MONITORING FOR THE PRESENCE OF PROHIBITED PLANTS

S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
1.				
Additional comments and observations			Signature	
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
2.				
Additional comments and observations			Signature	

RECORD OF POST HARVEST MONITORING (cont'd)

DATA SHEET FOR RECORDING MONITORING FOR THE PRESENCE OF PROHIBITED PLANTS (cont'd)

S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
3.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
4.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> Yes <input type="checkbox"/> No	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
5.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
6.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
7.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
8.				
Additional comments and observations				Signature
S. No.	Date inspected	Prohibited plants present <input type="checkbox"/> yes <input type="checkbox"/> no	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
9.				
Additional comments and observations				Signature

RECORD OF POST HARVEST MONITORING (cont'd)

DATA SHEET FOR RECORDING MONITORING FOR THE PRESENCE OF PROHIBITED PLANTS (cont'd)

S. No.	Date inspected	Prohibited plants present	Growth stage of any prohibited plants	Method of destruction of any prohibited plant material
10.		<input type="checkbox"/> yes <input type="checkbox"/> no		
Additional comments and observations				Signature

ADDITIONAL COMMENTS AND OBSERVATIONS

TRIAL IN-CHARGE VERIFICATION

This activity has been carried out to meet the specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Trial In-Charge

Date signed

 By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

RECORD OF CORRECTIVE ACTION

INSTRUCTIONS:

- ☐ The Record of Corrective Action is used to document all corrective actions taken to manage or resolve a situation involving the accidental release of regulated plant material during transport and/or storage or any breach of the terms and conditions of authorization of the confined field trial or during the post-harvest monitoring period.
- ☐ A copy of this record of Corrective Action, together with any other relevant records (e.g. , Record of Transport, Record of Storage Inspection, Record of Spatial Isolation, Record of Harvest, etc .), should be forwarded to the Permitted Party and RCGM/GEAC.

PERMITTED PARTY

PLEASE PRINT CLEARLY

Name _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD INITIATED BY

Name _____

Position _____

Organization _____

Address _____

Telephone _____ Fax _____

E-mail _____

RECORD OF CORRECTIVE ACTION (cont'd)

ACTIVITY REQUIRING CORRECTIVE ACTION

Indicate the category of activity requiring corrective action and then complete the relevant information requirements under transportation and storage, or trial site.

☐ transport

☐ storage

☐ planting

☐ monitoring

☐ harvesting

☐ Other

If other, describe below

IDENTIFICATION OF AFFECTED REGULATED PLANT

Permit number

Plant species

Approximate amount of affected material

Form of material

☐ seeds

☐ tubers

☐ transplants

☐ other, describe below

TRANSPORT AND STORAGE

Consignment

Item number

Facility name

Storage location identifier

Building name

Room number or description

Address of facility

RECORD OF CORRECTIVE ACTION (cont'd)

TRIAL SITE

Site location _____

Trial site size (ha or m²) _____ No. of trials at this site _____

Legal or descriptive land location _____

Distance to nearest cultivated field of the same plant species (m) _____

Distance to nearest commercial crop of any kind (m) _____

Is the isolation distance under the Trial In-Charge's control? ☐ yes ☐ no

Method of reproductive isolation ☐ spatial isolation ☐ crop termination ☐ other, describe below

IDENTIFICATION OF COMPLIANCE ISSUE

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> unauthorized shipment | <input type="checkbox"/> breach of spatial isolation |
| <input type="checkbox"/> primary shipping container breached | <input type="checkbox"/> article lost during shipment |
| <input type="checkbox"/> accidental release during transport | <input type="checkbox"/> Record of Transport missing |
| <input type="checkbox"/> accidental release during storage | <input type="checkbox"/> received at wrong destination |
| <input type="checkbox"/> other, describe below | <input type="checkbox"/> prohibited plants present on post-harvest site |

DESCRIPTION OF CORRECTIVE ACTION TAKEN

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> destruction of regulated material | <input type="checkbox"/> recovery of spilled material |
| <input type="checkbox"/> removal of prohibited plants | <input type="checkbox"/> destruction of trial |
| <input type="checkbox"/> destruction of neighbouring crop | <input type="checkbox"/> imposition of post harvest restrictions |
| <input type="checkbox"/> other, describe below | <input type="checkbox"/> imposition of spatial isolation zone |

RECORD OF CORRECTIVE ACTION (cont'd)

ADDITIONAL COMMENTS AND OBSERVATIONS

VERIFICATION

This activity has been carried out to meet the specific authorization permit conditions for storage, transport and/or conduct of confined field trials of regulated plant material.

Signature of Trial In-Charge

Date signed

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

THIS SECTION TO BE COMPLETED BY THE AUTHORIZED PARTY ONLY

COMMUNICATION WITH REGULATORY OFFICIALS

Name of official first contacted

Department or office

Telephone

Fax

E-mail

Summarize communication outcomes, including agreed options for risk management. Itemize all communications, recording date and individuals involved. Attach any written correspondence or transcripts of oral communications.