

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 incident and any corrective action taken should be recorded on a Record of Corrective Action.

PERMITTED PARTY:

Name : _____

Organization : _____

Address : _____

Telephone : _____ Fax: _____

E-mail : _____

FACILITY IN-CHARGE

Name: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

STORAGE FACILITIES

Building Name: _____

Room Number/ : _____

Description _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

INSPECTION CHECK LIST

- | | | |
|--|------------------------------|-----------------------------|
| • Storage area secure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Storage area clean and free of any waste or debris | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Storage area clearly labelled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Monthly records of storage inspection available | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 performance standards and/or specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Facility In-charge

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

Date signed

DRAFT