

Name of PHCS applicant / member
Good-in Checklist



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Date of arrival						
Supplier						
Order Number						
Delivery note number						
Plant Passport Information Included						
Phytosanitary Certificate Included						
FRM Information Included						
Imports: Has this delivery been identified for inspection by the Plant Health authority?						
Imports: Inspection by Plant Health Authority Completed (name of inspector and date)						
VISUAL INSPECTION	<i>Quantity</i>	<i>Quality</i>	<i>Evidence of P & D</i>	<i>Weeds</i>	<i>Pallets comply with ISPM15</i>	<i>Comments</i>
<i>Description of goods</i>						
Checked by (print name)						
Signature						
Date checked						