

## SFPA Health Certificate

## **Health Certificate No:**

	Consignor Details
Name	
Address	
Complement Data lla	
Nama	Consignee Details
Name Address	
Auuress	
Treatment of Shellfish	
Name	
Address	
Approval No	
Treatment Type	
Harvesting	
Product Name	
Culture Area	
Harvest Date	
Packing Date Quantity and	
Net Weight	
Batch No	
I certify that the oysters described here in were processed under sanitary conditions in accordance with the laws and regulations of Ireland. The laws and regulations of Ireland have been deemed to be equivalent to the food sanitation law and relevant regulations of Japan.	
I know of no non-compliance with the food sanitation law of Japan.	
It is my understanding based on information supplied to me that the most recent seawater analysis indicates a Most Probable Number of <i>Coliform bacilli</i> less than 70 per 100ml.	
Name:	Signature: ertifying Officer Name Certifying Officer Signature
Date of Certificate	: SFPA Stamp: