

REF:.....

Date:.....

### Health and Human Consumption Ability Certificate

|   |                                |
|---|--------------------------------|
| Name and address of manufacturer/<br>establishment: | Name and address of consignor: |
|   | Name and address of consignee: |

| Name/type of products and animal species of dairy ingredients | Trade Name : | Net weight /kg: | number of packages : | Year and month of production |
|---|--------------|-----------------|----------------------|------------------------------|
|   |              |                 |                      |                              |
|   |              |                 |                      |                              |
|   |              |                 |                      |                              |
|   |              |                 |                      |                              |

#### Declaration by the official authority

This is to certify

That the producer is authorized by I.R. IRAN MOH.

That the enterprise is supervised by random checks to ensure that the product uses milk derived only from healthy animal

That the product/products is/are manufactured in compliance with I.R. IRAN regulations and under hygienic conditions.

- *"Processing or production of the products was carried out in a sanitary manner based on equal or better criteria than those of Japan."*

That the product/products may be sold in I.R. IRAN without any restrictions.

\*This certificate expires 90 days after issuance

#Signature#

Deputy of Food and Drug  
.....University Of Medical Sciences

REF: .....

Date: .....

Health Certificate for milk products from cloven-hoofed animals  
to be exported to Japan from Islamic Republic of Iran

**A. Details of dispatched consignment**

A-1. Exporting country: .....

A-2. Container No. : .....

A-3. Seal No. : .....

A-4. Shipping mark: .....

A-5. Type of packages: .....

A-6. Name and address of consignor: .....

A-7. Name and address of consignee: .....

**B. Identification of products (Model Annex form can be used if needed)**

B-1. Type of products (e.g. Cheese, Butter): .....

B-2. Net weight: .....

B-3. Number of packages: .....

B-4. Date of production: .....

B-5. Animal species of dairy ingredients: .....

B-6. Country of origin: .....

B-7. Establishment number and name and address where the above product was treated

.....

B-8. Establishment number and name and address where the above product was finally treated

.....

B-9. Purpose of use (please tick the appropriate box):

Human consumption

Animal consumption (  cloven-hoofed animals /  other animals /  pet food)

To be determined (likely to use for cloven-hoofed animal consumption)       Other:

Remarks:

**C. Kind of processing treatment**

C-1. A foot-and-mouth disease (FMD) virus inactivation treatment of milk products has been carried out in any stage of production by any of the following methods (please tick the appropriate box):

[NOT intended for cloven-hoofed-animals consumption]

- a minimum temperature of 132°C for at least one second in liquid form (UHT)
- (pH less than 7.0) a minimum temperature of 72°C for at least 15 seconds in liquid form (HTST)
- (pH 7.0 or greater) HTST applied twice
- maintaining a pH less than 6 for at least one hour

[Intended for cloven-hoofed animals consumption (or likely to use for this purpose)]

- HTST applied twice
- HTST combined with another physical treatment, maintaining a pH less than 6 for at least one hour or additional heating to at least 72°C combined with desiccation
- UHT combined with another physical treatment, maintaining a pH less than 6 for at least one hour or additional heating to at least 72°C combined with desiccation

C-2. Name of country where C-1 was carried out (if different from A-1): .....

**D. Certification**

the undersigned official veterinarian, certify that

1. Milk products to be exported to Japan have been produced from raw milk obtained from clinically healthy animals, and it is prohibited to use raw milk obtained from animals infected with animal infectious diseases as an ingredient according to legislation of the exporting country.
2. Raw milk used in the production of milk products to be exported to Japan has originated from herds which were not infected or suspected of being infected with FMD at the time of milk collection
3. Milk products to be exported to Japan have been produced, packaged and stored from raw milk collection to shipment of final products to Japan without contamination by pathogens of animal infectious diseases or commingling with milk products which do not meet Articles 1 to 3 in Animal Health Requirements for milk products to be exported to Japan from countries other than Listed countries.
4. Packages and containers such as carton boxes for milk products to be exported to Japan have been clean and hygienic.
5. The producer is authorized by I.R. IRAN

6. The enterprise is supervised by random checks to ensure that the product/products is/are manufactured in compliance with I.R. IRAN regulations and under hygienic conditions.
7. The processing or production of the products was carried out in a sanitary manner based on equal or better criteria than those of Japan.
8. The product/products may be sold in I.R. IRAN without any restrictions.

Competent authority: .....

Signature of official veterinarian: .....

Printed name and title of official veterinarian: .....

Date of issue: .....

\*This certificate expires 90.days after issuance

Official Stamp

Annex

REF:.....

Date:.....

Identification Of products

| Type of products<br>(e.g.Cheese,Butter) | Net weight | Number of packages | Date of production | Animal species of dairy ingredients  | Country of origin | Establishment number and name and address where the above product was treated | Establishment number and name and address where the above product was finally treated |
|---|------------|--------------------|--------------------|--|-------------------|---|---|
|   |            |                    |                    |  |                   |   |   |
|   |            |                    |                    |  |                   |   |   |
|   |            |                    |                    |  |                   |   |   |
| Total                                   |            |                    | Purpose of use     | <input type="checkbox"/> Human consumption<br><input type="checkbox"/> Animal consumption ( <input type="checkbox"/> cloven-hoofed animals / <input type="checkbox"/> other animals / <input type="checkbox"/> pet food)<br><input type="checkbox"/> To be determined (likely to use for cloven-hoofed animal consumption)<br><input type="checkbox"/> Other |                   |   |   |

Remarks:.....

**Competent authority:**.....

Signature of official veterinarian:.....

Official Stamp

Printed name and title of official veterinarian: .....

Date of issue: .....