



INC no:
PB

TFC IR 1

NON COMPLIANCE INCIDENT REPORT FORM

CARGO INFORMATION

Date of Incident:	Date of Reporting:	Station:	Container No:
Origin:		Type of Cargo:	Description of Goods:
Shipper:		Consignee:	Additional Document:

VESSEL INFORMATION

Aircraft/Vessel Name:	Flight/Voyage No:	Last Port:	Date of Arrival:
			Time of Incident:
Type of Incident:	Action Taken:		Reported By:

INCIDENT SUMMARY

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NON-COMPLIANCE HISTORY

Date	Importer	Agent	Non-Compliance Type	Station

RECOMMENDATIONS

BIOSECURITY OFFICER	Time Received	Time Dispatched

STATION SUPERVISOR	Time Received	Time Dispatched

DEPUTY NATIONAL MANAGER OPERATIONS	Time Received	Time Dispatched

CHIEF PLANT PROTECTION OFFICER/ CHIEF VETERINARY OFFICER	Time Received	Time Dispatched

TEAM LEADER TRADE FACILITATION & COMPLIANCE/ LEGAL ADVICE	Time Received	Time Dispatched

EXECUTIVE CHAIRMAN	Time Received	Time Dispatched