Meat Traceability Form		
Company Name	EST	Date

	Health Certificate				Loading	DLD	Container	Finished		Raw Meat				Poultry Standard Farm				
No.	No.	Invoice No.	BLSC 1	R. 9	Date	Seal	No.		Products Cutting Plan		ng Plant	Slaughterhouse		STD Farm's Number			Province	
								Item	Lot No.	Sub Lot No.	Lot No.	Sub Lot No.		Sub Lot No.	OTD Talling Nulliber	rariii s Name	DISTRICT	Flovince
-																		
_																		
													7					
															- 4			
																		-
			***************************************															-
																		-
																		-
																		-

(	)
Official Veterinary	Inspector