Section B
CHED-P
(for products referred to in point (b) of Article 47(1) of Regulation (EU) 2017/625)

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Common Health Entry Document for Products **PART I – DESCRIPTION OF CONSIGNMENT**

QR CODE	**I.2 CHED reference**	**I.1 Consignor/Exporter** Name Address Country ISO country code
	I.3 Local reference	
	I.4 Border Control Post	
	I.5 Border Control Post code	

I.6 Consignee/Importer Name Address Country ISO country code	**I.7 Place of destination** Name Registration/Approval No Address Country ISO country code
I.8 Operator responsible for the consignment Name Address Country ISO country code	**I.9 Accompanying documents** Type Code Country Commercial document references

I.10 Prior notification	Date	Time

I.13 Means of transport ☐Airplane ☐Vessel ☐Railway ☐Road vehicle Identification	**I.11 Country of origin** ISO country code **I.12 Region of origin** Code

I.14 Country of dispatch Country ISO country code	**I.15 Establishment of origin** Name Registration/Approval No Address Country ISO country code

I.16 Transport conditions	☐Ambient	☐Chilled	☐Frozen

I.17 Container number/Seal Number

Container No	**Seal No**	**Official Seal**
		☐

I.18 Certified as or for: ☐Human consumption ☐Pharmaceutical use ☐Trade sample ☐Other ☐Feedstuff ☐Technical use ☐Further process	**I.19 Conformity of the goods** ☐Conforming ☐Non-conforming

I.20 ☐For transhipment/transfer to:	**Details of controlled destinations for I.20 to I.22 and I.24**
I.22 ☐For transit to:	
I.24 ☐For non-conforming goods ☐Specially approved customs warehouse ☐Free zone ☐Vessel	
I.23 ☐For internal market	**I.25 ☐For re-entry**

I.27 Means of transport after BCP/storage

☐Airplane ☐Railway

☐Vessel ☐Road vehicle

Identification:

I.29	**Date of departure**			Date		Time		
I.31	**Description of consignment**							
	CN code	**Species**	**Batch Number**	**Quantity**	**No of packages**	**Net weight(kg)**	**IAS Permit**	**Final consumer**
								☐
I.32	**Total number of packages**		**I.33**	**Total quantity**		**I.34**	**Total net weight/gross weight**	
I.35	**Declaration:** I, the undersigned operator responsible for the consignment detailed above, certify that to the best of my knowledge and belief the statements made in Part I of this document are true and complete, and I agree to comply with the requirements of Regulation (EU) 2017/625 on official controls, including payment for official controls, as well as for re-dispatching of consignments, for quarantine or isolation of animals, or costs of euthanasia and disposal where necessary.							
	Date of declaration			Name of signatory			Signature	

In processing the personal data included in the CHEDs, Member States shall comply with Regulation (EU) 2016/679 and Directive (EU) 2016/680 and the Commission with Regulation (EU) 2018/1725.

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Common Health Entry Document for Products **PART II – CONTROLS**

II.1	**Previous CHED**		**II.2**	**CHED reference**		**II.24**	**Subsequent CHED**
II.3	**Documentary check**			**II.4**	**Identity check**	☐Yes	☐No
	EU requirements	☐Satisfactory ☐Not satisfactory			☐Seal check	☐Satisfactory	☐Not satisfactory
	National requirements	☐Satisfactory ☐Not satisfactory			☐Full check		
II.5	**Physical check**	☐Yes ☐No		**II.6**	**Laboratory test**	☐Yes	☐No
					Test:	☐Intensified controls	☐ Required
	☐Reduced check					☐Emergency measures	☐Random
		☐Satisfactory ☐Not satisfactory				☐Suspicion	
	☐Others				Test result: ☐Pending	☐Satisfactory	☐Not satisfactory

Acceptable for (II.9 to II.16):

II.9	**☐Transhipment to**		**II.13**	**☐Monitoring**			
II.11	**☐Transit to:**			☐Entry monitoring	☐Re-entry monitoring		
II.12	**☐Internal market**		**II.14**	**☐Non-conforming goods**		**II.16**	**☐Not acceptable**
	☐Human consumption	☐Trade sample		☐Specially approved customs warehouse			☐Destruction By (date)
	☐Feedstuff	☐Other					☐Re-dispatch
	☐Pharmaceutical use	☐Local use		☐Free zone			☐Special treatment
	☐Technical use	☐Further process		☐Vessel			☐Use for other purposes

II.17	**Reason for refusal**			**II.18 Details of controlled destinations for II.9 to II.16**
	☐Documentary	☐Identity	☐Physical	
	☐Origin	☐Laboratory	☐IAS	
	☐Other			
II.19	**☐Consignment resealed**	New seal number		
II.20	**Identification of BCP**			**II.21 Certifying officer**
	BCP	Stamp		I, the undersigned official veterinarian, certify that the checks on the consignment have been carried out in accordance with the Union requirements and where applicable in accordance with the national requirements of the Member State of destination
	Control Unit code			
II.22	**Inspection fees**			Name (in capital letters)
				Date Signature
II.23	**Customs document reference**			

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Common Health Entry Document for Products **PART III – FOLLOW-UP**

III.1	Previous CHED	III.2	CHED reference	III.3	Subsequent CHED

III.4	**Details on re-dispatch**				
	Country of destination		ISO country Code		
	Exit BCP		Control Unit code		
	Means of transport				
	☐Airplane ☐Road ☐Vessel ☐Other ☐Railway	Vehicle	Identification		
	Date of re-dispatch				
III.5	**Follow up by**				
	☐Exit	BCP	Arrival of consignment:	☐Yes	☐No
	☐Final destination	BCP	Compliance of consignment:	☐Yes	☐No
	☐Local competent authority		Further destination:		Reasons
III.6	**Certifying officer**				
	Name (in capital letters)				Unit name
	Address				Control Unit code
	Date		Stamp		Signature