



Annex 10.2 Sampling Report

For plant based material within the scope of Residue Monitoring

<p>Customer: _____</p> <p>Sample number (Sample ID): _____</p> <p>Name of commissioned laboratory: _____</p> <p>Name of sampler: _____</p> <p>Date of sampling: _____</p> <p>Time of sampling: _____</p> <p>Place of sampling: _____ (field/store/incoming/outgoing goods)</p> <p>QS-Identifikation Number Or Location Number: _____ (place of sampling)</p> <p>Product details (supplier/producer)</p> <p>Name: _____</p> <p>Address: _____</p> <p>QS-Identifikation Number or GH/OGK number: _____ (producer or supplying wholesaler)</p> <p>Product: _____ Variety*: _____</p> <p><input type="checkbox"/> Greenhouse culture <input type="checkbox"/> Greenhouse/cut product <input type="checkbox"/> Greenhouse/pot product</p> <p><input type="checkbox"/> Open grown culture <input type="checkbox"/> Open grown/cut product <input type="checkbox"/> Open grown/pot product <input type="checkbox"/> unknown</p> <p>For producer samples field/batch designation or GPS data: _____</p> <p>For wholesale samples batch or traceability number: _____</p> <p>Country of origin: _____ Destination country*: _____</p> <p>Federal state*: _____ Sample quantity: _____ (number/weight)</p> <p>Article No*.: _____</p> <p>Peculiarities/abnormalities*: _____ _____</p> <p>Commissioned examination method:</p> <p><input type="checkbox"/> Multi-methods <input type="checkbox"/> Dithiocarbamates <input type="checkbox"/> total inorganic bromide <input type="checkbox"/> Nitrate</p> <p><input type="checkbox"/> Chlormequat/Mepiquat <input type="checkbox"/> Dithianon <input type="checkbox"/> Ethephon <input type="checkbox"/> Heavy Metals</p> <p><input type="checkbox"/> Other _____</p>	<p>Sample Type</p> <p><input type="checkbox"/> Mandatory sample</p> <p><input type="checkbox"/> Follow-up sample</p> <p><input type="checkbox"/> Voluntary sample</p> <p><input type="checkbox"/> Release sample</p> <p><input type="checkbox"/> Pre-harvest sample</p> <p>Sample for stage</p> <p><input type="checkbox"/> Production</p> <p><input type="checkbox"/> Wholesale</p> <p><input type="checkbox"/> Preperation/Processing</p>
<p>_____ Signature Responsible person/producer/supplier</p>	<p>_____ Signature Sampler</p>

*Voluntary entry