



Grain safety and infestation notification

Terminal elevator submitting the sample:	Date: (dd/ mm/yyyy) / /
Address	Phone (including area code):
City/ town	Postal Code
Terminal elevator contact name:	Email address
Shipper name or company, and address (if applicable)	

Conveyance Information

The sample was collected from:	<input type="checkbox"/> Inward Receipt	<input type="checkbox"/> Outward Discharge			
Conveyance identification: (provide complete name of conveyance where the detection occurred)					
Conveyance Type (select)	<input type="checkbox"/> Vessel	<input type="checkbox"/> Railcar	<input type="checkbox"/> Bin Transfer	<input type="checkbox"/> Truck	<input type="checkbox"/> Container

Information on Detection

<input type="checkbox"/> Infestation	Identification of insect specimen: (e.g. One rusty grain beetle)	
<input type="checkbox"/> Grain Safety	Describe the findings: (e.g. Two kernels of treated seed)	
Commodity/Grade	Sample represents tonnes	
Date and time of detection	Date: (dd/ mm/yyyy) / /	Time: (24:00 clock)
Name of terminal elevator operator(s) or authorized third party inspector(s) handling the sample		
Bin(s) impacted (provide bin numbers where grain was unloaded into or discharged from/to)		
Other information: (CGC person contacted)		

For Canadian Grain Commission (CGC) use only

Inspector:	CGC file number:
Action taken	
Confirmation	

Samples and completed form are submitted to a Regional CGC office closest to you.
For a list of CGC offices please see: <http://www.grainscanada.gc.ca/map-carte-eng.htm>