



THE REPUBLIC OF UGANDA

MINISTRY OF AGRICULTURE ANIMAL INDUSTRY AND FISHERIES

PHYTOSANITARY INSPECTION SERVICES

(The Plant Protection and Health Act, 2016)

Inspector Date

FIELD/FACILITY/PRODUCE INSPECTION

Name of Grower/Proprietor.....Crop/Facility/other.....

Species/variety/Process..... Location.....

Address/Tel No..... Contact Person.....

OBSERVATIONS

RECOMMENDATIONS

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.....
.....
.....
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Owner's/Manager's Signature..... Date&Time.....

Inspector's Signature..... Date&Time

AIRPORT VALIDATION

ON DUTY INSPECTOR:

Name.....Signature Date &Time.....

On Duty MAAIF POLICE:

Name.....Signature Date & Time.....

Verification stamp by MAAJF POLICE