

Report Section	Compliant*	Report Section	Compliant*
1. Operation Description	n/a	8. Therapeutant Use & Records	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Terms and Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Net Cage Inspections	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Escape Reports	Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Boat Docking	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Inventory Records	Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Fish Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Inspection Records	Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Predator Control	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Best Management Practices Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	13. Biosecurity Procedures	n/a
7. Escape Response	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name	_____
Site Name	_____
Site Ref. No.	_____
Person Interviewed	_____
Signature	_____
MAFF Inspector	_____
Date of Inspection	_____

***IF NOT IN COMPLIANCE, SEE BELOW FOR DETAILS**

Act or Regulation	Section of Aquaculture Regulation/Fisheries Act Contravened	Required/Recommended Measures	Comments	Compliance Follow-up Date	Date of Required Response to Ministry
<input type="checkbox"/> Fisheries Act <input type="checkbox"/> Aquaculture Reg. <input type="checkbox"/> Aqua. Reg. Appendix <input type="checkbox"/> Other					
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ADDITIONS AND/OR CHANGES MAY BE MADE TO THIS DOCUMENT BEFORE IT IS FORWARDED TO THE LICENCE HOLDER'S MAIN OFFICE

General comments on overall condition and operations of site: _____

Signature of Inspector:	_____
Date of Chief Inspector Review:	_____
Date Forwarded to Head Office:	_____

Site Ref. No.:	_____
Person Interviewed (initial)	_____
MAFF Inspector (initial)	_____

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