



SITE INSPECTION COMPLIANCE REPORT – MAL Regulatory Issues

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

Company Name _____
 Site Name _____
 Site Ref. No. _____
 Person Interviewed _____
 Signature _____
 MAL Inspector _____
 Date of Inspection _____
 Case File No. _____

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

Section of Aquaculture Regulation/Fisheries Act Contravened	Required/Recommended Measures	Compliance Follow-up Date	Date of Required Response to Ministry

**ADDITIONS AND/OR CHANGES MAY BE MADE TO THIS DOCUMENT BEFORE IT IS FORWARDED TO THE LICENCE HOLDER'S MAIN OFFICE
 MAIN OFFICE MUST CONFIRM COMPLIANCE FOR ANY ISSUES FOUND NOT IN COMPLIANCE OR FOR WHICH COMPLIANCE COULD NOT BE DETERMINED**

General comments on overall condition and operations of site: _____

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



SITE INSPECTION COMPLIANCE REPORT – MOE Regulatory Issues

Inspection Section	Compliant*	Inspection Section	Compliant*
A. Best Management Practices Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Sewage Treatment & Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Management Practices	Yes <input type="checkbox"/> No <input type="checkbox"/>	D. Spill Response	Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Blood Water Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	E. Water Use and Licensing	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Net Treatment, Cleaning & Waste Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>	F. Wildlife Predator Trapping	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Disinfectant Use and Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
d) Mort Storage and Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
e) Refuse Storage and Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
f) Fuel/Product Use, Storage & Containment	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Case File No.	_____
Company Name	_____
Site Name	_____
Person Interviewed	_____
Site Ref. No. (MAL)	_____
Signature	_____
MAL Inspector	_____
Date of Inspection	_____

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

Inspection Section (above)	Legislation Contravened	Required/Recommended Measures	Compliance Follow-up Date	Date of Required Response to Ministry

Service of this notice does not preclude the ministry from pursuing prosecution and/or administration action for the above-listed non-compliance issues.

Other Non-Compliance observed: _____

Signature of Inspector:	_____
Date of Senior Inspector Review:	_____
Date Forwarded to Head Office:	_____
Date Forwarded to MOE:	_____