

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0088 and 0579-0102. The time required to complete these information collections is estimated to average 1.00 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0088
EXP XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE

REPORT OF VIOLATION

SERIAL NO.

1. DATE VIOLATION DISCOVERED	2. VIOLATED - REG/COMPL. AGREEMENT
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3. WHERE INTERCEPTED (City or Port, and State; also county if domestic)	4. ORIGIN OF ARTICLE (Include county, if domestic)
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5. ARTICLE MOVED IN VIOLATION OF REGULATIONS	6. IDENTITY OF ARTICLE (Serial No., Waybill No., Description, etc.)
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7. NAME AND BUSINESS ADDRESS OF VIOLATOR (Shipper, caterer, cleaner, garbage handler, servicing agent, broker, ship's agent, etc. Identify which)	8. VIOLATOR HAD COMPLIANCE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
	9. IF NO, WAS VIOLATOR AWARE OF REGULATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	IF "YES," HOW INFORMED AND WHEN? _____

10. NAME AND BUSINESS ADDRESS OF CARRIER	11. WAS CARRIER AWARE OF REGULATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	IF "YES," HOW INFORMED AND WHEN? _____

12. IDENTITY OF CARRIER	13. NAME AND BUSINESS ADDRESS OF CONSIGNEE
PLANE AIRCRAFT NUMBER FLIGHT NUMBER	
SHIP FLAG NAME	
ROAD VEHICLE License No.	

14. DISPOSITION OF PEST RISK (i.e., articles named in Item 5 were fumigated, destroyed, etc.)
15. REMARKS (Attach additional sheet, if needed)

16. VIOLATOR OR CARRIER'S STATEMENT OF VIOLATION (Attach additional sheet, if needed. Identify who gave statement.)

17. OFFICER'S STATEMENT: Must attach a detailed, signed, and dated statement. State how the action violated the regulations or compliance agreement cited in Item 2. Describe fully the facts of the violation from discovery through disposition of pest risk including when, who, what, and where.

18. SIGNATURE OF INITIATING OFFICER	19. PRINTED NAME OF OFFICER AND WORK UNIT	20. DATE REPORT COMPLETED
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21. OFFICER IN CHARGE COMMENTS (Attach additional sheet, if needed)

LIST PREVIOUS VIOLATIONS

RECOMMENDATIONS

22. SIGNATURE OF OFFICER IN CHARGE	23. PRINTED NAME OF OFFICER IN CHARGE AND WORK UNIT	24. DATE SIGNED
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COPY DESIGNATIONS

PART 1 - IES STAFF

PART 2 - PORT DIRECTOR, PPQ

PART 3 - STATE PLANT HEALTH DIRECTOR, PPQ

PART 4 - ORIGINATING OFFICER