



License Application for Sustainable hand-harvesting of *Ascophyllum nodosum* at Clew Bay (SAC Site Code 1482). In accordance with National Parks & Wildlife Service conservation objectives for marine and coastal habitats and species (2011) and the EU Habitats Directive 92/43/EEC.

Appendix 3: Compliance & Record forms.

Prepared by: BioAtlantis Ltd.
Date of submission: 20/01/2014

BioAtlantis Ltd,
Kerry Technology Park,
Tralee,
Co. Kerry

Contents

Goods Received Note (GRN)	3
Non-Conformance Report (NCR) Form (G012)	4
Incident Report Form (IRF, G008)	5

Goods Received Note (GRN)

GRN No.:

Date: _____

Harvester Name/no.: _____

Pick-up location: _____

OFFICE USE ONLY

Payment approved: **Yes** ☐ **No** ☐

Payment date & Ref. no.: _____

Quality Check	Yes	No
Is seaweed free of the following:		
1. Sand, gravel, stones or debris	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>A. nodosum</i> holdfasts.	<input type="checkbox"/>	<input type="checkbox"/>
3. Other species (e.g. Fucus)	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of harvest operations		
Have harvesters worked to ensure:		
1. Cutting of <i>A. nodosum</i> ≥300mm above holdfast	<input type="checkbox"/>	<input type="checkbox"/>
2. No more than 20% of area is harvested	<input type="checkbox"/>	<input type="checkbox"/>
3. Activities only take place at approved sites	<input type="checkbox"/>	<input type="checkbox"/>
4. Health and safety requirements are adhered to	<input type="checkbox"/>	<input type="checkbox"/>

In the event of failure of quality check:

a) Non-conformance is reported to: _____

b) Management decide the appropriate action depending on the severity of the non-conformance.

Comments: _____

Harvest Location			Quantity			BioAtlantis Batch Code	Inspection Check Pass (Y/N)
Site name	Region (i.e. north shore)	Time and tide (e.g. high, low)	No. of Bags	Weight per bag	Size of area harvested		

Comments/Incidents: _____

Goods Received By: _____ **Checked By:** _____

Please attach delivery docket and send to main office

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Non-Conformance Report (NCR) Form (G012)

Date: _____

Time of incident: _____

Time incident reported: _____

Reported by: _____

Description of Incident: _____

Cause of Incident: _____

Corrective Action? _____

Preventative Action? _____

Reported By: _____	Date: _____
Incident Complete: _____	Date: _____
Resource Manager: _____	Date: _____

Incident Report Form (IRF, G008)

Date: _____

Time of incident: _____

Time incident reported: _____

Reported by: _____

Description of Incident: _____

Cause of Incident: _____

Corrective Action? _____

Preventative Action? _____

Reported By: _____	Date: _____
Incident Complete: _____	Date: _____
Resource Manager: _____	Date: _____