



CAYMAN ISLANDS

DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH)

REQUEST FORM for (POST-MORTEM)MEAT INSPECTION FORM

NAME OF PERSON CALLING:

NAME OF BUTCHER (IF KNOWN):

TELEPHONE CONTACT:

DATE OF SLAUGHTER:

TIME INSPECTION REQUIRED:

ADDRESS OF SLAUGHTER PLACE:

TYPE AND NUMBER OF CARCASS(ES): Oxen: Pigs: Goats: Other:

NOTE: Please remind callers to make requests (to this office) within 24 hours of the time required for the meat inspection. Also, to ensure that the carcass(es) is/are prepared and all organs (viscera) are available for inspection, at the stated time to avoid delays.

Name of person receiving information: Date: Time:

Information passed to officer by: (Circle one) Phone Fax Date: Time:

Name of EHO to carry out inspection:

TIME TAKEN FOR INSPECTION:

TRAVELING TIME:

TOTAL TIME TAKEN:

Comments:

Inspection Received by: