

Plant Health Operations

Level 2, 33 Flemington St Glenside SA 5065

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Unique Number”DONum”

**QUARANTINE DIRECTION ORDER**

Section 43, Plant Health Act 2009

To: The driver of the vehicle (on receival by Consignee the driver will have fulfilled their Quarantine responsibility)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | “DriverName” | Vehicle Reg # | | “VehicleReg” |
| Address | New -“DriverAddress” | Licence # | New – “DriverLicense” | |

To: The owner or company in charge of a conveyance, vessel or consignment

|  |  |  |  |
| --- | --- | --- | --- |
| Name | “CompanyName” | Address | “CompanyAddress” |

To: The Consignor of goods or consignment

|  |  |  |  |
| --- | --- | --- | --- |
| Name | “ItemOrigin” | Address | New – “ItemOriginAddress” |
| Origin (if different to Consignor) | | New – “ItemOriginIfDiff” | |

To: Consignee of goods or consignment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | “ItemDestination” | | | | Ph | New – “ItemDestinationPhone” |
| Address | New – “ItemDestinationAddress” | | | | | |
| Quantity | “ItemQuantity” | Packaging | “ItemPackaging” | Description | | “ItemDescription” |
| ETA (date / time) | “ETA” | | | | | |

**Reasons for placing under Quarantine:**

🞏 No Certificate 🞏 No Labelling 🞏 No Manifest 🞏 Other (Specify Below)

“OtherReasons” ………………………………………………………………………………….………….

**Inspectors Directions\*:**

The items as described above are now placed under quarantine pursuant to section 43 1(j)(k) of the Plant Health Act 2009, and you are hereby directed under Section 43 1(r) of the Plant Health Act 2009 to deliver the above items to:

🞏 Transporters SA Depot OR 🞏 Consignee at the above Consignee’s address OR 🞏 other (below)

“Directions”……………………………………………………………………………………………………………………….

These items may be unloaded at above premise and are to be separated from other product and are not to be sold, distributed or removed from above premise until they are released by an Inspector appointed under the Plant Health Act 2009 or a responsible person for the receiving business under an IVCA accreditation.

**Issuing Quarantine Inspector**

Name”InspectorName” .………… ID #.”InspectorId”...

Date”InspectorDate”… Time”InspectorTime”….………

Signature………………………………………..………….

**Driver acknowledgment**

I acknowledge I must follow the above Directions\*

Name”DriverName”………………………….………….

Date”DriverDate”………. Time”DriverTime” …………

Signature……………..…………………………….…….

**Inspector / Responsible Person closing QDO to complete the following:**

Action/ Outcome:

🞏 Released 🞏 Redirected 🞏 For Destruction 🞏 Other (Specify Below)

………………………………………………………………………………………......

…………………………………………………………………………………………..

Name of Inspector / Responsible Person “SignOffName”…………..……..……. Inspector Stamp:

Signature…………………………………………….Date”SignOffDate”… Contact number New – “SignOffContactNum”

**WARNING:**

**Refusing or failure to comply with this Quarantine Direction Order is an offence under section 48 of the Plant Health Act 2009 and attracts a maximum penalty of $5,000**