

### To the Packhouse Manager

# **Summerfruit Phytosanitary Inspector Training Course 2017**

#### **DATE AND VENUE**

Venue: Fruitfed Supplies, 20 Westwood Av, Blenheim

Date: Wednesday, 8 November 2017

Start Time: 8.45am sharp Finish Time: 4.30 - 5.00pm

#### CONTENT

The course will cover:

- Introduction to MPI (Ministry for Primary Industries) Certification Systems
- Inspector competency requirements
- · Navigating the MPI website and determining importing country requirements
- · Sampling and Inspection
- Inspection equipment and facilities
- · Pest Identification Competency Requirements
- · Application of MPLs and acceptance numbers
- Communication
- · Recording of inspections
- Official Assurance Program requirements
- · Packhouse application of the industry management protocol for LBAM & the USA
- MPI audit requirements
- Organisational requirements (questions from the floor)

Cost: \$280.00 (GST Inclusive) per participant.

#### **PLEASE REGISTER NOW**

Please complete the attached registration form and submit with your chosen payment option (a credit card payment details form is also attached

#### **ASUREQUALITY CONTACT**

Mark Hawker C. 021 582 735
AsureQuality Limited E. mark.hawker@asurequality.com

Private Bag 4718 Freephone: 0508 00 11 22

Christchurch

## SUMMERFRUIT PHYTOSANITARY INSPECTOR TRAINING COURSE REGISTRATION

Please complete the table below for all attendees

Attendee(s) Name		Fee Per Attendee
		\$280.00 (incl GST)
Operator Details		
Operator Name		
Postal Address		
Contact Person		
Contact Number		
Signed		
Option 1: I have enclosed a cheque made payable to AsureQuality Ltd for \$ Option 2: Please charge my Visa Card / Mastercard - please complete the Credit Card Payment form, sign and return with the registration.  To register for these courses please return this completed form by:  AsureQuality Contact  Mark Hawker C. 021 582 735 AsureQuality Limited E. mark.hawker@asurequality.com Private Bag 4718 Freephone: 0508 00 11 22  Christchurch		
CUSTOMER CREDIT CARD PAYMENT DETAILS		
DATE PAYMENT TO BE MADE:		
CARD NUMBER:		
NAME ON CARD:		
CARD TYPE: VISA / MASTERCARD (please circle one)		
EXPIRY DATE: / AMOUNT TO PAY:		
CONTACT NAME:		
PHONE NUMBER FOR ENQUIRIES:		