According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0518. The time required to complete this information collection is estimated to average .170 hours 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.

The information requested is voluntary, and is needed to record your knowledge of possible irregularities under the USDA Plant Protection and Quarantine Program.

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

3. WHERE INTERCEPTED *(City or Port, and State; also county if domestic)*

4. ORIGIN OF ARTICLE *(Include county if domestic)*

5. ARTICLE MOVED IN VIOLATION OF REGULATIONS

6. IDENTITY OF ARTICLE *(Serial No., Waybill No., description, etc.)*

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? ☐ Yes ☐ No
Permit? ☐ Yes ☐ No

9. IF NO, VIOLATOR WAS AWARE OF REGULATION?
☐ Yes ☐ No ☐ Unknown
If "Yes," how informed and when?

10. NAME AND BUSINESS ADDRESS OF CARRIER

11. CARRIER WAS AWARE OF REGULATION?
☐ Yes ☐ No ☐ Unknown
If "Yes," how informed and when?

12. IDENTITY OF CARRIER
PLANE Acft. No. Flight No.
SHIP Flag Name
ROAD VEHICLE License No.

13. NAME AND BUSINESS ADDRESS OF CONSIGNEE

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

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

PPQ FORM 518
AUG 2002

Previous editions are obsolete.

PART 1 - IES STAFF