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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0088 and 0579-0102. The time required to complete these information collections is estimated to average 1.00 hour 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. | | | | | | | | | **OMB Approved**  0579-0088  EXP XX/XXXX | |
| **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, WAS VIOLATOR AWARE OF REGULATION? | | | | | | | |
| YES  NO  UNKNOWN | | | | | | | |
| IF "YES,"HOW INFORMED AND WHEN? | | | | | | | |
| 10. NAME AND BUSINESS ADDRESS OF CARRIER | | | 11. WAS CARRIER AWARE OF REGULATION? | | | | | | | |
| YES  NO  UNKNOWN | | | | | | | |
| IF "YES," HOW INFORMED AND WHEN? | | | | | | | |
| 12. IDENTITY OF CARRIER | | | 13. NAME AND BUSINESS ADDRESS OF CONSIGNEE | | | | | | | |
| PLANE AIRCRAFT NUMBER | FLIGHT NUMBER | |
| SHIP FLAG | NAME | |
| ROAD VEHICLE License No. | | |
| 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 Previous editions are obsolete

SEP 2011

**COPY DESIGNATIONS**

**PART 1 - IES STAFF**

**PART 2 - PORT DIRECTOR, PPQ**

**PART 3 - STATE PLANT HEALTH DIRECTOR, PPQ**

**PART 4 - ORIGINATING OFFICER**