Attachment C

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
INTERNATIONAL PROGRAMS

# FOREIGN COUNTRY LABORATORY REVIEW

| REVIEW DATE | NAME OF FOREIGN LABORATORY |
|---|---|
| 04-09-2002 | AGRI_QUALITY NZ LTD. |

| FOREIGN GOV'T AGENCY | CITY & COUNTRY | ADDRESS OF LABORATORY |
|---|---|---|
| MAF_Food Assurance Authority | Wellington, New Zealand | Wallaceville research Station,Upper Hutt |

| NAME OF REVIEWER | NAME OF FOREIGN OFFICIAL |
|---|---|
| Dr.S.P. Singh | Dr.Ziggy Bojarski and Ms.Helen Sillars |

| | REVIEW ITEMS | ITEM # | | 100 | 111 | 200 | 300 | 500 | 600 | 700 | 800 | 902 | 903 | 904 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Residue Code/Name ▶ | | | | | | | | | | | | | |
| SAMPLING PROCEDURES | Sample Handling | 01 | EVALUATION CODE | A | A | A | A | A | A | A | A | A | A | A |
| | Sampling Frequency | 02 | | A | A | A | A | A | A | A | A | A | A | A |
| | Timely Analyses | 03 | | A | A | A | A | A | A | A | A | A | A | A |
| | Compositing Procedure | 04 | | O | O | O | O | O | O | O | O | O | O | O |
| | Interpret Comp Data | 05 | | O | O | O | O | O | O | O | O | O | O | O |
| | Data Reporting | 06 | | A | A | A | A | A | A | A | A | A | A | A |
| ANALYTICAL PROCEDURES | Acceptable Method | 07 | EVALUATION CODE | A | A | A | A | A | A | A | A | A | A | A |
| | Correct Tissue(s) | 08 | | A | A | A | A | A | A | A | A | A | A | A |
| | Equipment Operation | 09 | | A | A | A | A | A | A | A | A | A | A | A |
| | Instrument Printouts | 10 | | A | A | A | A | A | A | A | A | A | A | A |
| QUALITY ASSURANCE PROCEDURES | Minimum Detection Levels | 11 | EVALUATION CODE | A | A | A | A | A | A | A | A | A | A | A |
| | Recovery Frequency | 12 | | A | A | A | A | A | A | A | A | A | A | A |
| | Percent Recovery | 13 | | A | A | A | A | A | A | A | A | A | A | A |
| | Check Sample Frequency | 14 | | A | A | A | A | A | A | A | A | A | A | A |
| | All analyst w/Check Samples | 15 | | A | A | A | A | A | A | A | A | A | A | A |
| | Corrective Actions | 16 | | A | A | A | A | A | A | A | A | A | A | A |
| | International Check Samples | 17 | | A | A | A | A | A | A | A | A | A | A | A |
| REVIEW PROCEDURES | Corrected Prior Deficiencies | 18 | EVAL. CODE | A | A | A | A | A | A | A | A | A | A | A |
| OTHER REVIEW | | 19 | EVAL. CODE | | | | | | | | | | | |
| | | 20 | | | | | | | | | | | | |

| SIGNATURE OF REVIEWER | DATE |
|---|---|
| Surech P. Singh DVM Ph.D. | 04/09/2002 |

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Attachment B

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
INTERNATIONAL PROGRAMS

# FOREIGN COUNTRY LABORATORY REVIEW

| REVIEW DATE | NAME OF FOREIGN LABORATORY |
|---|---|
| 04-19-2002 | AGRI-QUALITY NE ZEALAND LTD. |

| FOREIGN GOV'T AGENCY | CITY & COUNTRY | ADDRESS OF LABORATORY |
|---|---|---|
| MAF-Food Assuarance Authority | Auckland, New Zealand | P.B.14946,Penmure, Auckland |

| NAME OF REVIEWER | NAME OF FOREIGN OFFICIAL |
|---|---|
| Dr.S.P.Singh | Dr.Ziggy Bojarski |

| | Residue Code/Name ▶ | | | SA | EC | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | REVIEW ITEMS | ITEM # | | | | | | | | | | | | | |
| SAMPLING PROCEDURES | Sample Handling | 01 | EVALUATION CODE | A | A | | | | | | | | | | |
| | Sampling Frequency | 02 | | A | A | | | | | | | | | | |
| | Timely Analyses | 03 | | A | A | | | | | | | | | | |
| | Compositing Procedure | 04 | | O | O | | | | | | | | | | |
| | Interpret Comp Data | 05 | | O | O | | | | | | | | | | |
| | Data Reporting | 06 | | A | A | | | | | | | | | | |
| ANALYTICAL PROCEDURES | Acceptable Method | 07 | EVALUATION CODE | A | A | | | | | | | | | | |
| | Correct Tissue(s) | 08 | | A | A | | | | | | | | | | |
| | Equipment Operation | 09 | | A | A | | | | | | | | | | |
| | Instrument Printouts | 10 | | A | A | | | | | | | | | | |
| QUALITY ASSURANCE PROCEDURES | Minimum Detection Levels | 11 | EVALUATION CODE | O | O | | | | | | | | | | |
| | Recovery Frequency | 12 | | O | O | | | | | | | | | | |
| | Percent Recovery | 13 | | O | O | | | | | | | | | | |
| | Check Sample Frequency | 14 | | A | A | | | | | | | | | | |
| | All analyst w/Check Samples | 15 | | A | A | | | | | | | | | | |
| | Corrective Actions | 16 | | A | A | | | | | | | | | | |
| | International Check Samples | 17 | | O | O | | | | | | | | | | |
| REVIEW PROCEDURES | Corrected Prior Deficiencies | 18 | EVAL. CODE | A | A | | | | | | | | | | |
| OTHER REVIEW | | 19 | EVAL. CODE | | | | | | | | | | | | |
| | | 20 | | | | | | | | | | | | | |

| SIGNATURE OF REVIEWER | DATE |
|---|---|
| Sarah P. Singh Dr.M.Ph.D | 04/19/2002 |

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