



United States
Department of
Agriculture

Food Safety
and Inspection
Service

Washington, D.C.
20250

**Letterhead Certificate for the Export of Poultry Meat and Poultry Meat
Products to El Salvador**

Date Issued: _____ Certificate Number: _____

1. The meat derives from birds raised in the United States of America.
2. The product was derived from birds originating from a zone free of exotic Newcastle disease and highly pathogenic notifiable avian influenza (HPNAI) for at least 21 days prior to slaughter, and from birds subjected to ante-mortem and post-mortem inspections for NAI with favorable results.
3. The birds, their products and sub products, come from farms and establishments authorized by APHIS and FSIS to export to El Salvador.
4. The birds are the progeny of farms and flocks participating in the National Poultry Improvement Plan which are routinely monitored and free from *Salmonella Pullorum* and *Salmonella Gallinarum*.
5. The poultry meat derives from farms which have a sanitary and production program under the supervision of the animal health authorities in the United States. The birds from which the products were derived were not under official veterinary quarantine for poultry diseases transmissible through poultry meat.
6. There have been no clinical outbreaks of serious poultry diseases transmissible through poultry meat on the premises of origin, notifiable in the United States, for at least 90 days prior to shipment.
7. The slaughter establishment where the birds were processed was under official inspection and is authorized to export poultry meat.
8. The product was inspected and passed and found fit for human consumption.
9. The poultry meat was produced under mandatory HACCP regulations that require microbial testing and written procedures to prevent fecal contamination and contamination of carcasses and parts by enteric pathogens throughout the entire slaughter and dressing operation and was found to be in compliance.
10. The poultry meat was produced in accordance with the U.S. National Residue Program.

Signature of Official Veterinarian: _____

Printed Name: _____

Title/Professional Degree: _____