

*R Bahari*  
**Rohari County**

|                                  |   |   |
|----------------------------------|---|---|
| File No<br>VFBK/ RVF 06-07 /2008 | VICFISH LTD<br>P.O.BOX 1139<br>BUKOBA<br>TANZANIA | RECORD NO VF-06<br>VERSION NO: 2<br>DATE OF RELEASE: Jan. 2008<br>Page 1 of 1 |
|----------------------------------|---|---|

**DAILY OWN CHECKS FOR VISUAL OBSERVATION OF PESTS AND (INSPECTION FOR CLEANING AND MAINTENANCES OF DEVICES)**

A = In use / In good condition      B= Improvement required      C= Not satisfactory

Date:

| REFERENCE NUMBER | Screen Mesh CHECKS |        | Water Curtain CHECKS |        | Air Curtain CHECKS |        | Plastic Flaps CHECKS |        | Insectors CHECKS |        | Cleaning and Maintenance Remark |
|------------------|--------------------|--------|----------------------|--------|--------------------|--------|----------------------|--------|------------------|--------|---------------------------------|
|                  | 1 TIME             | 2 TIME | 1 TIME               | 2 TIME | 1 TIME             | 2 TIME | 1 TIME               | 2 TIME | 1 TIME           | 2 TIME |                                 |
| 1                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 2                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 3                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 4                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 5                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 6                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 7                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 8                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 9                |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 10               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 11               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 12               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 13               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 14               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 15               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 16               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 17               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 18               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 19               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 20               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 21               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 22               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |
| 23               |                    |        |                      |        |                    |        |                      |        |                  |        |                                 |

INSPECTED BY

NAME (1)  
(Quality Assurance Supervisor)  
NAME (2)  
(Quality Assurance Supervisor)

SIGNATURE:  
Date:  
SIGNATURE:  
Date:

Comments / Visual observations: (specify type of pest, possible cause of entry and action taken)

| PROBLEM NOTICED | CORRECTIVE ACTION TAKEN | VERIFICATION |
|-----------------|-------------------------|--------------|
|                 |                         |              |

Problem noticed by. Name: Signature:      Corrective action taken by. Name: Signature:      Verification conducted by. Name: Signature:

VERIFIED BY: Quality Assurance Manager  
NAME:  
SIGNATURE      Date: