**Delivery Point Rejection Procedures**





























































































































































































































































**Procedures to be followed by mills & maltsters etc**

Rejection forms **must** be submitted to certification bodies by fax or 1st class post (and copied to the Scheme office) within **7 days** of the incident and **must** include a copy of the grain passport that accompanied the load. Forms can also be sent by email but must be accompanied by a scanned copy of the passport. Rejections will **not** be investigated if the relevant paperwork is not submitted within this timeframe.

**Objectives**

1 To verify to the consumer/end user that assured grain that is the subject of rejection by them for reasons other than contractual specification is seen to be followed up by the relevant Certification Body.

2 To give member producers confidence that grain from assured farms is treated fairly by the consumer/end user and that, causes for rejection are clearly identified and followed up to ascertain the reason, where applicable.

3. To investigate the cause of rejection and determine if scheme members have not been adhering to

Scheme standards.

The Scheme will not get involved in any contractual disputes and this rejection procedure, including the form, will remain confidential to all parties.

Only on-farm **storage, own transport of grain or food and feed safety related elements** should be reported to the relevant Certification Body as indicated on the Scheme delivery point rejection form. Mould (including mycotoxin contamination), heating, smell, vermin droppings, infestation and contamination are the main areas but this is not an exhaustive list. Contractual specifications such as protein/nitrogen, hagberg, hectolitre weight, screenings, moisture and germination are the main areas which **must not be included**.

**Certification Body (CB) Actions**

**a) All rejections except for those relating to mycotoxin levels**

Following receipt of the delivery point rejection form (see page 3), one of the following actions will be taken depending on the cause and severity of the rejection:

1. In severe cases or when the consumer/end user requires an immediate response such as when a food or feed safety issue is discovered at intake, the relevant CB will take the following action :-

**Presence of contaminants**

n Immediately suspend the producer;

n Undertake a spot check to confirm that the non-conformance has been rectified

**Presence of vermin or vermin droppings**

n Immediately suspend the producer;

n If this is the first incidence the CB will require copies of the vermin control records and evidence of measures taken to clean crops as corrective evidence of rectification of the non-conformance

n If this is a repeat non-conformance the CB will undertake a spot check to confirm that the non-conformance has been rectified.

**Delivery Point Rejection Procedures**





























































































































































































































































The CB will send a report on the cause of rejection and action taken to the complainant, producer and Scheme office within 28 days of receipt.

2. In other cases (such as mouldy grain, presence of other contaminants and evidence of infestation etc) the relevant assessment report will be checked to ascertain if the cause of the rejection was:-

a) Highlighted as a non-conformance and subsequently upgraded following confirmation by the member producer that action had been taken.

b) Not highlighted at the time of assessment.

The CB will then request written details of corrective action taken to remedy the non-conformance and if this is not received within 28 days the producer will be suspended and a revisit will be undertaken (cost to be charged to the producer) to confirm rectification.

The CB will send a report on the cause of rejection and action taken to the complainant, producer and Scheme office within 28 days of receipt.

**b) Rejections relating to mycotoxin levels**

Following receipt of the delivery point rejection form which must be accompanied by a copy of the relevant grain passport showing a risk assessment of score of 10 or below:-

1) CB will send producer a Scheme mycotoxin questionnaire (see below) for completion and return by the producer within 14 days of receipt

2) If questionnaire and copy of risk assessment is not received within the time scale the CB will suspend the producer with immediate effect

3) Upon receipt of completed questionnaire and copy of passport the CB will check that:-

n Risk assessment score corresponds with score on passport

n Answers on questionnaire correspond with risk assessment answers

Any discrepancies in the above will result in immediate suspension pending full investigation which will include revisit (costs to be charged to the producer)

The CB will send a report to the complainant and Scheme office within 28 days of receipt indicating whether the risk assessment score corresponds with the score on the passport.

**Delivery Point Rejection Procedures**





























































































































































































































































|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CERTIFICATION BODY Please return to:** | | |  |
| RTA_Scheme_Farms_CropsSB | **NSF-CMi**  [email:](mailto:email:) cropsuk@nsf.org  fax: 01993 885611 | | | **RED TRACTOR COMBINABLE CROPS SCHEME DELIVERY POINT REJECTION FORM**  **DELIVERY POINT REJECTION FORM**  No: |
| **SAI Global**  [email:](mailto:agrifood@saiglobal.com)agrifood@saiglobal.com  fax: 01908 249965 | | |
| **PAI Group**  [email:](mailto:email:) [enquiries@thepaigroup.com](mailto:enquiries@thepaigroup.com)  fax:01423 878870 | | |
| **SFQC**  email: [redtractor@sfqc.co.uk](mailto:redtractor@sfqc.co.uk)  fax: 0131 335 6601 | | |
| Company |  | | |  |
| Address | Postcode: | | | |
| Contact Name |  | | | |
| Tel No: |  | Fax No: | |  |
| **Delivery Point** - if different from above  Postcode: | | | | |
| Grain | Variety | | Contract No: | |
| Tonnage | Haulier | | Vehicle Reg No | |
| Reason for Rejection ( please tick appropriate box)  MOULD HEATING SMELL CONTAMINATION MYCOTOXIN OVER 1250ppb (specify level)  VERMIN DROPPINGS INFESTATION OTHER | | | | |
| Grain Passport attached | | | | |
| Comments | | | | |
| Scheme Member Number | | | | |
| Signature | | | | Date |
| Position in Company | | | |  |

**PLEASE RETURN WITH PASSPORT TO THE APPROPRIATE CERTIFICATION BODY AND SEND A COPY TO:** [**crops@redtractorassurance.org.uk**](mailto:crops@redtractorassurance.org.uk)

**Delivery Point Rejection Procedures**





























































































































































































































































**Scheme Mycotoxin Questionnaire**

**1. Rainfall Data**

**Rainfall data was obtained via:-**

n Farm Rain Gauge \_

n Other Local Rain Gauge (please specify):....……………………………………….....................

n Website (please specify)........ ………………………….............................................................

Other means (please specify)....…………………………..........................................................

Please supply copies /details of rainfall records for flowering and pre-harvest:

……………………………………………………………………………………………………….....…

……………………………………………………………………………………………………….....…

……………………………………………………………………………………………………….....…

**2. Fungicide Use at T3**

Product Used (trade name): …………………………………………………………………………... Rate of Application: …………………………………………………………………………………….. Please confirm that this rate is:-

Tick

Under 50% rate of recommended product

50 - 74% rate of recommended product

75% or above rate of recommended product

Date of Application: …………………………………………………………………………................

Name: ……………………………………………………………………………………………………. Address: ………………………………………………………………………………………………….

…………………………………………………………………………………………………………….

…………………………………………………………… Postcode: …………………………...…….. Scheme Membership Number: …………………………………..

Copy of Risk Assessment attached (please tick)

Note: If this form is not returned to the appropriate Certification Body within 14 days of receipt, certification may be suspended.