



Republic of the Philippines  
Department of Agriculture  
**BUREAU OF ANIMAL INDUSTRY**  
Visayas Ave., Diliman, Quezon City  
*GaBAIsa Pag-unlad ng Paghahayupan*

**MEMORANDUM ORDER**

No. 18  
Series of 2020

**TO :** ALL VETERINARY QUARANTINE PERSONNEL  
Veterinary Quarantine Stations

**FROM :** OFFICER-IN-CHARGE, DIRECTOR

**SUBJECT :** GUIDANCE IN REPORTING VETERINARY QUARANTINE VIOLATIONS OR RELATED INCIDENCE

**DATE :** APRIL 30, 2020

---

To ensure proper documentation of veterinary quarantine violations or related incidences in your respective areas of assignment as valid evidence to support appropriate legal actions, the following instructions are hereby issued:

1. Prepare Incident Report with the following details:

- Date and Time
- Name of RVQO and Duty personnel
- If Shipper is an INDIVIDUAL:
  - Name of the Shipper
  - Government-Issued Identification Card (ID) of the Shipper (Photo and/or photocopy)
- If Shipper is an AUTHORIZED REPRESENTATIVE and/or AGENT of an INDIVIDUAL SHIPPER:
  - Name of the Authorized Representative and/or Agent
  - Government-Issued ID of the SHIPPER (Photo and/or Photocopy)
  - Government-Issued Identification of the AUTHORIZED REPRESENTATIVE (Photo and/or Photocopy)
  - Proof of Authority [i.e. Special Power of Attorney (SPA) and/or Notarized Authorization Letter]
- If Shipper is an AUTHORIZED REPRESENTATIVE and/or AGENT of a JURIDICAL ENTITY (i.e. Corporation, Partnership, Cooperative, People's Organization, etc.)
  - Name of the Authorized Representative and/or Agent
  - Government-Issued ID of the Authorized Representative and/or Agent (Photo and/or Photocopy)
  - Certified True Copy of Certificate of Registration issued by the Securities and Exchange Commission (SEC), if Shipper is a Corporation or Partnership
  - Certified True Copy of Certificate of Registration issued by the Cooperative Development Authority (CDA), if Shipper is a Cooperative

*A food-secure Philippines*

*with prosperous farmers and fisherfolk*

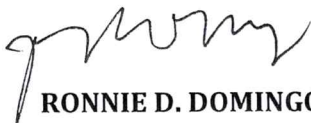


- Proof of Authority [i.e. SPA (for Partnerships); Secretary's Certificate (for Corporations and Cooperatives)]
- Type of Shipment
- Origin of Shipment
- Destination of Shipment
- Issue/Concern
- Action/s Taken
- Photocopy of all documents presented
- If possible, provide photos, video, etc.
- Email report to BAI Office of the Director in this address:  
[bai\\_dir@yahoo.com](mailto:bai_dir@yahoo.com)  
Cc: [baiquarantineph@gmail.com](mailto:baiquarantineph@gmail.com)

2. In case of altercation with other checkpoint personnel from other agencies/associations or harassment of VQO personnel by agencies or associations:

- Ask the person/s concerned or get the following information:
  - Name
  - Proof and/or Document of Authority regarding their presence in the checkpoint (i.e. SPA, Secretary's Certificate, Notarized Authorization Letter, etc.)
  - Request permission to take a photo of their ID
- In the absence of valid identity documents and/or Proof/Document of Authority, disregard the presence of the personnel.
- Report to nearest Philippine National Police (PNP) Station. File a blotter.
- Prepare Incident Report with the following details:
  - Date and Time
  - Name of RVQO and Duty personnel
  - Name of Individual/s Involved
  - Proof of Identity of Individuals Involved
  - Issue/Concern
  - Action/s Taken
  - If possible, provide photos, video, etc.
  - Email report to BAI Office of the Director in this address:  
[bai\\_dir@yahoo.com](mailto:bai_dir@yahoo.com)  
Cc: [baiquarantineph@gmail.com](mailto:baiquarantineph@gmail.com)

For your information and guidance.



**RONNIE D. DOMINGO, DVM, MSc**

*A food-secure Philippines*  
*with prosperous farmers and fisherfolk*





## INCIDENT REPORT

**Report Code No:** \_\_\_\_\_

**REPORTER INFORMATION:**

Name of VQS Personnel on-duty: \_\_\_\_\_ Name of RVQO: \_\_\_\_\_  
Position: \_\_\_\_\_ Position: \_\_\_\_\_

**Instruction in writing Incident Report:**

1. To be completed by staff within 12 hours of incident
2. Request for valid Government-issued Identification Card (LTO, SSS, UMID, Passport, etc) of the shipper/concerned person
2. Take a photo and/or photocopy all documents presented and attach with the report. Video documentation is also advised.
3. Upon completion of Incident Report, email to BAI Office of the Director in this address:  
[bai\\_dir@yahoo.com](mailto:bai_dir@yahoo.com)  
Cc: [baiquarantineph@gmail.com](mailto:baiquarantineph@gmail.com)

**I. DETAILS OF INCIDENT**

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**II. INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT**

**A. Check applicable:**

- If Shipper is an INDIVIDUAL:

Name of the Shipper: \_\_\_\_\_

ID No: \_\_\_\_\_ Issued by: \_\_\_\_\_

- If Shipper is an AUTHORIZED REPRESENTATIVE and/or AGENT of an INDIVIDUAL SHIPPER:

Name of the Authorized Representative and/or Agent: \_\_\_\_\_

ID No. of Shipper: \_\_\_\_\_ Issued by: \_\_\_\_\_

ID No. of the Authorized Representative \_\_\_\_\_ Issued by: \_\_\_\_\_

Proof of Authority: \_\_\_\_\_ Special Power of Attorney (SPA) \_\_\_\_\_ Notarized Authorization Letter  
\_\_\_\_\_ None

- If Shipper is an AUTHORIZED REPRESENTATIVE and/or AGENT of a JURIDICAL ENTITY (i.e. Corporation, Partnership, Cooperative, People's Organization, etc.)

Name of the Authorized Representative and/or Agent: \_\_\_\_\_

ID No. of the Authorized Representative and/or Agent: \_\_\_\_\_ Issued by: \_\_\_\_\_

(*Certified True Copy*) Certificate of Registration issued by the Securities and Exchange Commission (SEC), if Shipper is a Corporation or Partnership \_\_\_\_\_

(*Certified True Copy*) Certificate of Registration issued by the Cooperative Development Authority (CDA), if Shipper is a Cooperative \_\_\_\_\_

Proof of Authority: \_\_\_\_\_ SPA for Partnerships \_\_\_\_\_ Secretary's Certificate (for Corporations and Cooperatives)  
\_\_\_\_\_ None



## INCIDENT REPORT

**PAGE 2**

**Report Code No:** \_\_\_\_\_

**REPORTER INFORMATION:**

Name of VQS Personnel on-duty: \_\_\_\_\_ Name of RVQO: \_\_\_\_\_  
Position: \_\_\_\_\_ Position: \_\_\_\_\_

**b. DETAILS OF SHIPMENT**

Origin: \_\_\_\_\_

Destination: \_\_\_\_\_

Shipping Permit No: \_\_\_\_\_ Issued by: \_\_\_\_\_

**III. INCIDENT DESCRIPTION/ISSUES/CONCERN**

**IV. ACTION/S TAKEN**

**V. WITNESSES AND RELATIONSHIP TO INCIDENT**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Printed Name over Signature of Reporting Personnel

\_\_\_\_\_  
Date