

# MAUI RISK ASSESSMENT

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Waybill No. \_\_\_\_\_ / \_\_\_\_\_ Inspector: \_\_\_\_\_

LD3 / van number \_\_\_\_\_ Cargo \_\_\_\_\_ Regulated \_\_\_\_\_  
 Baggage \_\_\_\_\_ Carry-on \_\_\_\_\_ Unregulated \_\_\_\_\_

Carrier: \_\_\_\_\_ / \_\_\_\_\_ Origin: \_\_\_\_\_ Port: **OGG** Section: **AIRPORT**  
Carrier / Vessel Fil. / Voyage # (MARITIME / AIRPORT / ROT)

Consignor: \_\_\_\_\_ Consignee: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Manifested as: \_\_\_\_\_ Inspection Method: \_\_\_\_\_ Hypergeometric sample \_\_\_\_\_

Commodity found: \_\_\_\_\_ (Check one) Observed entire contents \_\_\_\_\_  
 Observed partial contents \_\_\_\_\_

Intended use: \_\_\_\_\_ Could not determine \_\_\_\_\_  
 Mfg. / Processing \_\_\_\_\_  
 Personal consumption \_\_\_\_\_  
 Propagative \_\_\_\_\_  
 Wholesale/Retail \_\_\_\_\_

Total case count: \_\_\_\_\_  
 Amount inspected: \_\_\_\_\_

## Agriculture Item Data

### INSPECTED ITEM(S):

	Check if "yes"	Check if "yes"	Insect / Disease
1. _____	Restricted? _____	Manifested? _____	Interception number _____
2. _____	Restricted? _____	Manifested? _____	Interception number _____
3. _____	Restricted? _____	Manifested? _____	Interception number _____
4. _____	Restricted? _____	Manifested? _____	Interception number _____
5. _____	Restricted? _____	Manifested? _____	Interception number _____
6. _____	Restricted? _____	Manifested? _____	Interception number _____
7. _____	Restricted? _____	Manifested? _____	Interception number _____
8. _____	Restricted? _____	Manifested? _____	Interception number _____

\*\*\*\*\* FOR PEST INTERCEPTIONS: Please attach one copy of Pest Interception Report (PQ-17-80) \*\*\*\*\*