License Application for sustainable hand-harvesting of *Ascophyllum nodosum* in Kenmare Bay.

Appendix 3:
Compliance & Record forms.

Prepared by: BioAtlantis Ltd.
Date of revision: 29/07/2025

BioAtlantis Ltd,
Clash Industrial Estate,
Tralee,
Co. Kerry.

Contents

Goods Received Note (GRN)

GRN No. :

Date: _____

Harvested By: _____

_____

_____

_____

Site Code	Time of Collection	Tidal conditions at time of collection	Bag tag No.	Weight (Kg)	Batch Code No.	Inspection Check Pass (Y/N)

Quality Check

Is seaweed free of the following:	Yes	No
Excessive levels of sand, shingle, gravel, pebbles, stones or debris	☐	☐
A. nodosum holdfasts	☐	☐
Other species (e.g. Fucus, ≤10% max.)	☐	☐

In the event of failure of quality check:

a) Non-conformance is reported to: _____

b) Management decide the appropriate action depending on the severity of the non-conformance.

Comments:_____

_____

_____

Comments/Incidents:

_____

_____

_____

_____

Goods Received By: _____ **Checked By:** _____

Please attach delivery docket and send to main office

OFFICE USE ONLY

Payment approved: Yes ☐ No ☐ Payment date & Ref. no.: _____

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Registration No 377737 VAT No.: IE 6397737B

Site Inspection Form (SIF)

Form No. : _____

Site Code	Date	Time	Inspection Check	
			Pass (Y/N)	Provide details in event of failure

Inspection Check	Yes	No
Have harvesters worked to ensure:		
• Cutting of *A. nodosum* >200mm above holdfast	☐	☐
• ≤ 20% of the total available biomass is harvested	☐	☐
• Activities only take place at approved sites	☐	☐
• Health and safety requirements are adhered to (Applicable if harvesters are present during inspection)	☐	☐

In the event of failure of inspection check:

a) Non-conformance is reported to:

_____

b) Management decide the appropriate action depending on the severity of the non-conformance.

Comments:_____

_____

_____

_____

_____

Other comments/incidents:

_____

_____

_____

_____

Assessor/inspector signature: _____ **Date:** _____

Non-Conformance Report (NCR) Form (G012)

Date: _____

Time of incident: _____

Time incident reported: _____

Reported by: _____

Description of Incident: _____

Cause of Incident: _____

_____

_____

_____

Corrective Action? _____

_____

Preventative Action? _____

_____

Reported By: _____ Date: _____

Incident Complete: _____ Date: _____

Resource Manager: _____ Date: _____

Incident Report Form (IRF, G008)

Date: _____

Time of incident: _____

Time incident reported: _____

Reported by: _____

Description of Incident: _____

Cause of Incident: _____

_____

_____

_____

Corrective Action? _____

_____

Preventative Action? _____

_____

Reported By: _____ Date: _____

Incident Complete: _____ Date: _____

Resource Manager: _____ Date: _____

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