

Food Chain Information (CATTLE I) Form A

(In accordance with the EU Food Hygiene Regulations)

ATTACH ALL RELEVANT PASSPORTS TO THIS DOCUMENT

Name of Herdowner Address Herd Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> TOTAL NO OF CATTLE <table border="1"><tr><td></td></tr></table>										Producer Declaration to Slaughter Plant Food Chain Information-to be supplied by the keeper/person in charge of the cattle to be slaughtered In the case of the _____ cattle in this consignment, the identity documents of which accompany this declaration, I declare that, to the best of my knowledge: <ul style="list-style-type: none">• Relevant and appropriate passports and/or movement permits accompany/will accompany these animals to the slaughterhouse• Each animal is clean enough not to present an unacceptable risk for slaughter and dressing operations• Each animal is tagged with appropriate official identification• The farm of origin is not under disease restriction or investigation¹• The cattle are healthy and have not tested positive for any condition that might render their meat unfit for human consumption.• No substance including feed has been given to the cattle which might render their meat unfit for human consumption• The prescribed withdrawal period has been observed for any medication administered• All animals can walk unaided and be transported without injury or undue suffering. If the animals <u>do not</u> fulfil all the above statements, please provide additional information on form B – otherwise, please sign below. Signature of Keeper/Person in Charge _____ Date ____/____/____ Time of loading: _____

1Explanatory Notes: Under the Regulations, animals must not come from a holding or area subject to movement prohibition or other restriction for reasons of animal or public health, except where the competent authority so permits. Cattle may therefore be presented for slaughter once they come from a herd where no movement restrictions apply or where movement is allowed with a permit from the Department of Agriculture, Food and the Marine.

To be completed by the Haulier (PLEASE USE BLOCK CAPITALS)

Name: _____	Vehicle Registration no: _____	DAFF Approved Haulier No.: _____
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I declare that the transport vehicle was clean at the time of loading and that all the cattle described above were able to walk unaided onto the transport vehicle and could be transported in this vehicle without undue pain or undue suffering

Signature _____ **Date** ____/____/____

To be Completed by Slaughterhouse Operator

Lot No.

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Date of arrival of above consignment ____/____/____ Time of unloading of above consignment _____.

I have requested, received and checked the Food Chain Information for the cattle described above. They have been examined by me and (with the exception of the _____ animals that were dead on arrival) as far as I can judge:

<input type="checkbox"/> Are correctly identified*	<input type="checkbox"/> Do not come from a restricted holding or area*						
<input type="checkbox"/> Are healthy *	<table><tr><td>A</td><td>B</td><td>C</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Clean Livestock Policy Category*	A	B	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	B	C					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Are in a satisfactory state as regards welfare*	A = Satisfactory	B = Acceptable (With Remedial Action)	C = Unacceptable (Require Extensive Remedial Action)				
<input type="checkbox"/> Are accepted by me and presented for ante-mortem examination*							

Signature _____ **Date** ____/____/____ **FBO Approval Number /Stamp**

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***PLEASE ENTER THE NUMBER OF CATTLE IN EACH BOX.**

ADDITIONAL FOOD CHAIN INFORMATION – Form B

Information about animals showing signs of a disease or condition that may affect the safety of meat derived from them.

Identification of animals – or attach list

Describe any relevant diseases or conditions that may affect the safety of the meat (or diagnosis if a veterinary surgeon has examined the animal (s)) *

Describe any analysis of samples taken from animals on the holding, or other samples, showing that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of the meat or to substances likely to result in residues in meat *

* Delete if not applicable

Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animals while on this holding and previous holdings.

Producer's signature	
Print name	
Date	