

TRANSPORT / CHAIN OF CUSTODY RECORD

(Complete this form when transporting animals within or off of your operation)

Date: _____

Origin Information

| | | | |
|--------------------|--|----------------|--|
| Operation name: | | | |
| Operation address: | | | |
| Contact Name: | | Contact Phone: | |

Destination Information

| | | | |
|--|--|----------------|--|
| Destination type: <i>(e.g., finishing operation, collection point, slaughter)</i> | | | |
| Destination name: | | | |
| Destination address: | | | |
| Contact Name: | | Contact Phone: | |

Transport Information

| | | | |
|---------------------------------------|--|-------------------------------|--|
| Number of sheep transported: | | Number of mortalities: | |
| Time when feed was withheld: | | Time when water was withheld: | |
| Loading Start Time: | | Loading End Time: | |
| Departure Time: | | Arrival Time: | |
| Reasons for stops or delays en route: | | | |

G.A.P. Certificate Information

| | | | |
|--|---------------------------------|---------------------------------|--|
| G.A.P. Certificate Number: | | Certificate Expiry Date: | |
| G.A.P. Step Level: | <input type="checkbox"/> Step 1 | <input type="checkbox"/> Step 4 | <input type="checkbox"/> Step 5 <input type="checkbox"/> Step 5+ |
| Standard number of any deviations granted: <i>(if applicable)</i> | | | |

Notes: