

Plant Name/EU number		Poultry Slaughter Regulation (EC) No 853/2004, Annex II, Section III, Regulation (EC) No 854/2004, Annex I, Section I, Regulation (EC) No 2074/2005, Annex I, Regulation (EC) No 1/2005, Council Directive 2007/43/EC				Slaughter Date
FOOD CHAIN INFORMATION – TO BE COMPLETED AT FARM OF ORIGIN (*indicates that the box should be completed for first consignment only – see guideline document)						
Grower Name		Grower Address, Telephone Number			Crop ID/Flock Identifier Code	
Place of Loading (if different)				Farm Private Veterinary Practitioner		
Time of feed withdrawal	Date of loading	Catching Time – Start		Catching Time – Finish	Departure Time	
Transport Registration No.	Number of Birds	Number of Birds per Crate		Enter Breed Type*	Flock/Registration No.	
House No.	DOC Placement date*	Age (days)	Thinning – Circle 1 st 2 nd Final		Production Type* - Circle Conventional / FR / Organic	Flock Evenness* - Circle Good / Average / Poor
House fumigated prior to placement of DOC* - Circle Yes No	No of days from cleaning and disinfection to placement of DOC*	Floor Temperature at placement of DOC*	Litter Type*	Litter Quality – Circle Dry+Friable / Partly Capped Mostly Capped / Wet+Sticky		
MORTALITY AND VETERINARY FINDINGS: Please arrange electronic transfer to slaughterhouse <input type="checkbox"/> or attach paper copy <input type="checkbox"/> of Veterinary Findings/Post Mortem reports or indicate if this information was already submitted for this Crop ID with a previous consignment <input type="checkbox"/> (Tick as appropriate)						
Cumulative Daily Mortality Rate (CDMR)%		% Mortality at 7 days Summary of Veterinary Findings		% Mortality from 7 days to date Summary of Veterinary Findings		
Where PRESCRIPTION MEDICATION was administered, please consult Annex 1 on reverse for details required on the prescription. Please arrange electronic transfer of prescription(s) to slaughterhouse <input type="checkbox"/> or attach paper copy of prescription(s) <input type="checkbox"/> or indicate if this information was already submitted for this crop ID with a previous consignment <input type="checkbox"/> (tick as appropriate)						
DECLARATION OF GROWER: I present the above birds for slaughter for human consumption and declare that, to the best of my knowledge and judgement, the flock or holding of origin is not under disease control restriction or investigation,						
<ul style="list-style-type: none"> the flock is healthy and has not tested positive for any condition which would render the meat unfit for human consumption, all feed additive and prescribed medication withdrawal periods have been observed, the means of transport is suitable and in a hygienic condition at the time of loading, the birds were not subjected to avoidable or undue stress during handling and loading, estimated transport time does not exceed 8 hours, the house was sampled for the presence of Salmonella within 3 weeks ** prior to the first movement of birds from the house as required by SI No 64 of 2009 on _____ (date). Results are Positive <input type="checkbox"/> Negative <input type="checkbox"/> (Tick as appropriate – if no result, treat as positive). 						
**NOTE: The exception is laying hens, which are tested for Salmonella every 15 weeks to comply with Regulation (EC) No 2160/2003. Other accompanying documents, including reference number of health certificate, where applicable						
Signed _____		Person in charge _____		Date _____		
TO BE COMPLETED BY THE HAULIER/DRIVER						
Name of Haulier/Driver:			Trailer covers used: Yes / No (Please circle as appropriate)			
I declare that the transport vehicle was clean at the time of loading and that all precautions were taken to ensure the welfare of the birds during transport.						
Haulier signature: _____		Date _____				
BIRD INTAKE – TO BE COMPLETED AT SLAUGHTERHOUSE BY OPERATOR						
DECLARATION OF FOOD BUSINESS OPERATOR: (Please circle Yes or No, as appropriate)						Load number:
The above information is complete and correct						
To the best of my knowledge the birds are clean and healthy						Yes / No
To the best of my knowledge the birds are in a satisfactory state as regards welfare						Yes / No
The birds are hereby presented for slaughter for human consumption.						Time of arrival:
Signed _____		Person in charge _____		Date _____		
ANTE-MORTEM EXAMINATION TO BE COMPLETED BY THE VETERINARY INSPECTOR/TEMPORARY VETERINARY INSPECTOR						
VETERINARY INSPECTION			OBSERVATIONS Indicate numbers affected where necessary			
Documents: Food Chain Information			The FCI has been received		Yes / No	
			The FCI is satisfactory		Yes / No	
Transport: Hygiene and Welfare						
Dead on Arrival (State if excessive)						
Birds: Health, Hygiene and Welfare						
Handling: Hygiene and Welfare						
DECLARATION OF Veterinary Inspector (VI)/ Temporary Veterinary Inspector (TVI): Inspection of this consignment of birds and examination and analysis of the accompanying documents as prescribed by Regulation (EC) No 854/2004 of the European Parliament and of the Council, Annex I, Section I, Chapter II, and Section IV, Chapter V, has shown no evidence of clinical signs of disease or other condition which might adversely affect human or animal health, in particular zoonotic diseases and diseases on the OIE (Office International des Epizooties) list of notifiable diseases. There is no evidence that welfare has been compromised on-farm, during transport or in the lairage. Standards of hygiene in the lairage and during bird handling are satisfactory. The birds may be slaughtered for human consumption, subject to the following conditions (state as appropriate): Salmonella positive birds must be slaughtered at the end of the day's kill.						
VI/TVI signature _____		Time _____		Date _____		