

Section C — On-Farm Record Keeping Forms

One of the key components of the Canadian Sheep and Lamb On-Farm Food Safety Program is maintaining an accurate and verifiable record keeping system. In this section of the manual you will find the following ten records:

- Record 1: Animal Product Treatment Record
- Record 2: Sample Veterinarian Prescription
- Record 3: Problems and Corrective Actions
- Record 4A: Animal Health Product Inventory
- Record 4B: Medicated Feed Inventory
- Record 5: Declaration of Shipping Status
- Record 6: Incoming Feed and Bedding Inventory
- Record 7: Prohibited Feed Certification
- Record 8: Medicated Feed Mixing Record
- Record 9: Pesticide Use In Grazing Areas
- Record 10: Record of Training

By maintaining these records, you will have a concrete and traceable means of ensuring that you are following the Program on a daily basis.

Record 1: Animal Health Product Treatment Record

Must Do

Treatment (Trt) Dates		Animal or Pen Identification	Condition Treated	Product Name	Prescription (P) or Non-Prescription (NP)	Dose	Estimated Animal Weight or Number of Animals Treated	Route* (See Below) *	Withdrawal Date (Date Safe to Slaughter or Ship to the Auction)	Treated by (Initials)
First Trt	Final Trt									
05/01/03	05/05/03	Pen # 2	Pneumonia	Drug A	NP	7 cc	170 lbs. (8 ewes)	IM	05/19/03	JD

*IW – In the water IF – In the Feed TT – Topical Treatment (pour-on) OR – Oral SQ – Subcutaneous IM – Intramuscular IV – Intravenous

Note: If a needle breaks in an animal during injection, record the animal identification number, location of the needle and date it occurred in the comments section.

Comments: _____

 Producer's Signature

 Date

Producers are to review each record for before signing.

Page ____ of ____ .

Auditor's Initial: _____ Audit Date: _____

Record 2: Sample Veterinary Prescription

Must Do for Extra-Label Use of Animal Health Products

Clinic: _____

Veterinarian: _____

Phone #: (____) _____ Fax #: (____) _____

Address: _____

Patient ID: _____

Treatment: _____

DIN: _____

Instructions for Use: _____

Prescription Expiry Date: _____

Withdrawal Recommendations: _____

Milk: _____ Meat: _____

Withdrawal Date: _____ Withdrawal Date: _____

Veterinarian's Signature: _____

Owner or Agent's Signature: _____

Date: _____

Record 3: Problems and Corrective Actions

Must Do

Date	What was the problem?	How was the problem controlled? (Your actions, people contacted, etc.)	What can be done to prevent the problem from occurring in the future? (Your Prevention Plan)
05/05/03	<i>Medicated was accepted without a proper label.</i>	<i>Feed company was contacted and a copy of the label was requested.</i>	<i>Inform feed company that medicated feed will not be accepted without a label. Re-train personnel responsible for receiving feed.</i>

Use this record to note any potential food safety problems (e.g. mistakes when administering animal health products, mixing medicated feed or using pesticides; exposure of sheep to chemical contaminants; shipping animals not meeting animal health product withdrawal periods, etc.). Mistakes will happen on even the best-run farm. Keeping a record of how you deal with problems clearly shows that due diligence is being taken on your farm to minimize food safety risks.

 Producer's Signature

 Date

Producers are to review each record before signing.

Record 5: Declaration of Shipping Status

MUST DO

(Use when shipping animals with a potential food safety hazard or when receiving animals that will not be held for 28 days before re-selling).

Owner's Name (person/company) _____

Address: _____

Total Number of Animals Sold: _____

Number of Animals Flagged or Specifically Identified: _____ (specify animal identification number(s) below).

I _____ the seller of these animals, declare to the best of my knowledge that unless specified, the animals listed below have passed all withdrawal dates for animal health products and are free of any foreign objects such as needles at time of shipping.

 Signature of Owner

 Date Animals Shipped

Animal Identification Number(s)	Animal Health Product(s) Please indicate if any animal(s) have been administered animal health products that still require a withdrawal period as of the sale date. If so, include the drug name and the date safe to slaughter.		Physical Residues Please indicate if any animals are known to have physical residues such as needles. Indicate "yes" or "no". If "yes" describe in detail.	Seller's Initials
	Product Name	Date Safe to Slaughter		
2102	Drug A	05/31/03	No	JD

I the transporter, _____ agree to give this form to the purchaser of these animals.

I the transporter and purchaser, _____ have read and understand the form.

 Signature of Transporter or Purchaser/Transporter

 Date

Record 7: Prohibited Feed Certification

Recommended

(It is recommended that your feed supplier provide you with an affidavit on an annual basis, ensuring that no ruminant by-products are present in your purchased feed).

An affidavit is required annually from each supplier for all protein supplements, including those used in total mixed rations or added in protein supplement blocks, cubes, pellets or in dry or liquid form. Not necessary for grain and forage (e.g. hay, grass, straw) that has not been further processed and contain no additives.

I _____ hereby certify that _____
(print name of seller) (feed being purchased)

that is being purchased by _____, does not contain any prohibited
(name of producer/operation)

animal by-products.

Date

Signature of Seller