

PART A Regulatory FOOD CHAIN INFORMATION (Cattle) Revised 23.07.2018 (In accordance with EU Food Hygiene Regulations)	Plant Use Only : Plant Name: DUNLEAVY MEATS LTD EU Approval Number: IE 407 EC DOC NO: DM39
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SECTION 1: TO BE COMPLETED BY THE HERD KEEPER (PLEASE USE BLOCK CAPITALS)

Name and address of herd-owner: Name and address of Private Veterinary Practitioner:	Number of cattle per category: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:80%;">Cows</td><td style="width:20%;"></td></tr> <tr><td>Bullocks</td><td></td></tr> <tr><td>Heifers</td><td></td></tr> <tr><td>Bulls</td><td></td></tr> <tr><td>Young Bulls</td><td></td></tr> <tr><td>Veal</td><td></td></tr> </table>	Cows		Bullocks		Heifers		Bulls		Young Bulls		Veal	
Cows													
Bullocks													
Heifers													
Bulls													
Young Bulls													
Veal													
Herd Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Number of Cattle: <input style="width: 100px;" type="text"/>												

Producer Declaration to Slaughter Plant: Food Chain Information to be supplied by the herd keeper of the cattle to be slaughtered. In the case of the _____ cattle in this consignment, the identity documents of which accompany this declaration, please answer YES or NO to the following statements (circle Y for Yes/N for No). I declare that, to the best of my knowledge: <ol style="list-style-type: none"> 1. Relevant and appropriate passports and/or movement permits accompany/will accompany these animals to the slaughterhouse 2. Each animal's hide is clean enough not to present an unacceptable risk to good hygiene practice during slaughter and dressing operations 3. Each animal is tagged with appropriate official identification 4. The farm of origin is free of any disease restriction or investigation (See explanatory note 1 under) 5. The cattle are healthy and have not tested positive for any condition that might render their meat unfit for human consumption 6. The cattle are free from any substance, including feed, which may render their meat unfit for human consumption 7. The prescribed withdrawal period has been observed for any medication administered 8. All animals are fit for the intended journey and can walk unaided and be transported without undue pain or suffering <p>If the animals fulfil ALL the above statements, please sign below. If the animals do NOT fulfil ALL the above statements, do not sign below, but instead please provide additional information and sign PART B overleaf.</p> <p>*Signature of Herd Keeper: _____ Date: _____</p> <p>*MAY ONLY BE SIGNED BY HERD KEEPER. PLEASE TURN OVER TO SIGN PART C IF APPLICABLE</p> <p>Time of loading _____ Place of loading _____</p>	Please ensure all answers are circled, as appropriate. Failure to do so will render the document invalid. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width:50%;">Y</td><td style="width:50%;">N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> <tr><td>Y</td><td>N</td></tr> </table>	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
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ATTACH ALL RELEVANT PASSPORTS TO THIS DOCUMENT

Explanatory Note 1: Under the Regulations, animals must **not** come from a holding or area subject to movement prohibition or other restriction (including bovine tuberculosis) 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 to slaughter plants apply or where movement is allowed with a permit from the Department of Agriculture, Food and the Marine.

SECTION 2: TO BE COMPLETED BY THE HAULIER/DRIVER (PLEASE USE BLOCK CAPITALS):

Name of Haulier/Driver: _____	Vehicle Reg No: _____	DAFM Approved Haulier No: _____
I declare that the transport vehicle was clean at the time of loading and that all the cattle described above were fit for the intended journey and can walk unaided onto the transport vehicle and can be transported in the vehicle without undue pain or suffering. Vehicle will be washed and sanitised after each delivery.		
Signature of Haulier: _____ Date: _____		

SECTION 3: TO BE COMPLETED BY THE FBO (PLEASE USE BLOCK CAPITALS):

Date of arrival of above consignment: _____	LOT NO: _____
Date 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:	
Are correctly identified (with identity tags plus passport/permit)**	Do not come from a restricted holding**
Are healthy**	Are in a satisfactory state as regards welfare**
Clean Livestock Policy ** (Select number of animals in A,B +/- or C)	Category A=Satisfactory** Category B=Acceptable** (with remedial action) Category C= Unacceptable** (require extensive remedial action and should not be presented for AME)
Cattle in categories A and B are accepted by me and presented for ante-mortem examination**	
Signature: _____	Date: _____ FBO Approval Number/Stamp: IE 407 EC

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

PART B Additional Regulatory FOOD CHAIN INFORMATION

To be completed by Herd Keeper when animals do **not** comply with all statements in Producer Declaration in PART A

Information about animals which have come from a holding or area which is under disease restriction or investigation.

Restriction due to TB	circle	YES	NO		Investigation (e.g. poisoning)	circle	YES	NO
Entire lot	circle	YES	NO	OR	Individual animals	circle	YES	NO

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

List tag number of animals:

Describe any relevant diseases or conditions that may affect the safety of the meat (or state 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/medications likely to result in residues in meat ***

I declare that the information provided on this PART B is complete and correct.
I confirm that the declarations where I have answered YES in Part A, Section 1 (Producer Declaration) are correct.

Signature of Herd Keeper: _____

Print Name: _____ **Date:** ____/____/____

PART C Non Regulatory FCI

Additional Information which may be required by the Slaughterhouse- to be completed by the Herd Keeper

In addition to the above, I also declare that to the best of my knowledge:

1. The cattle have not been fed or administered with hormones, growth promoters, or ingredients of plant origin that contain antimicrobial growth promoters.
2. The cattle have grazed out doors for a minimum of 6 months of the year.
3. The cattle have not been treated with quinolones or 3rd and 4th generation cephalosporin's.
4. No animals are cloned or 1st generation progeny of cloned animals.
5. No substances with thyrostatic, oestrogenic, androgenic or orgestagenic activity or any beta-agonists have been administered.
6. The transport vehicle will be washed after the animals have been unloaded.

Name of approved feed mill if applicable: _____

Signature of Herd Keeper: _____ **Date:** ____/____/____

***Delete if not applicable