

## 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.

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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	Medicated was accepted without a proper label.	Feed company was contacted and a copy of the label was requested.	Inform feed company that medicated feed will not be accepted without a label. Re-train personnel responsible for receiving feed.

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

**Record 8: Medicated Feed Mixing Record**

**MUST D0**

(If you mix any medicated feed on-farm, note both the medicated and non-medicated rations on this record)

Date Mixed	Type of Feed	Name of Medication	Medication Withdrawal Period (Days)	Amount of Medication Added	Total Amount of Feed Mixed	Storage Location of Feed	Initials of Person Mixing
05/02/03	Lamb feedlot ration	Drug A	14	0.20 kg/tonne or 200	2 tonnes	Bin 5 - Purple lid	JD

**Note: Keep a copy of the veterinarian prescription for each type of medicated feed additive used.**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

Date equipment last calibrated (if necessary): \_\_\_\_\_

Date equipment last cleaned: \_\_\_\_\_

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date

Producers are to review each record before signing.

**Record 9: Pesticide Use In Grazing Areas**

**Must Do**

Date of Initial Application	Pasture or Field Location	Pesticide* (Brand Name)	Size of Pasture Treated	Application		Withholding Period (from label)	Date Safe to Graze/Harvest/Use	Treated by (Initials)
				Rate	Method			
04/02/03	North pasture	Brand X	1 acre	20 gallons per acre	Spray	14 days	05/05/03	JD

\*Pesticide means any insecticide, herbicide, fungicide or rodenticide.

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date

Producers are to review each record before signing.

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Auditor's Initial: \_\_\_\_\_ Audit Date: \_\_\_\_\_

**RECORD 10: Record Of Training**

**Must Do**

For fulltime, part-time, seasonal workers and family members. Training is only required if workers will be performing duties related to “MUST DO” practices in any of the areas listed below.

Worker's Name: _____ Start Date: _____					
Area	Reviewed Applicable Section of Manual (Date)	Shown How to do Task (Date)	Initials of Trainee	Date of Verification by Producer/Trainer	Producer/Trainer Initials
A1.1: Animal Product Treatment Records					
A1.2: Following Instructions When Using Animal Health Products					
A1.3: Purchasing and Storing Animal Health Products					
A1.4: Injecting Animal Health Products					
A2.1: Purchasing, Handling, and Storing Feed, and Bedding					
A2.2: Purchasing Medicated Feed					
A2.3: On-Farm Mixing of Medicated Feed and Water					
A2.4: Administering Medicated Feed and Water					
A2.5: Water					
A3.1: Buying Animals					
A3.2: Selling Animals					
A3.3: Shipping Animals					
A4.1: Pesticides and Farm Chemicals					
A4.2: Manure Handling and Nutrient Management					

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Producer's Signature

\_\_\_\_\_  
 Date