















H) TRANSPORT AND LOADING <i>continued</i>			
DOES THE OPERATION:		YES	NO
44	Have written procedures for the driver to follow in the case of accident or emergency during transport?		
45	Does the operation (or supplier group) keep the following transport records? <i>Check all that apply:</i> date of transport ... number of chickens ... loading start and end times ... departure and arrival times ... reasons for any stops or delays en route ... I don't have transport records		
46	What is the average time from your operation to plant? ... < 1hr .1- 2hr ... 2-3hr .3- 4hr .4- 5hr .6- 7hr ... 7+hr		
47	Do the transport containers allow for all chickens to sit on the container floor at the same time ( <i>i.e. not on top of each other</i> )?		
48	Have a <b>written</b> farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?		
49	Have a training program that includes animal management?		
50	Have a bio-security program (e.g. footwear requirements, visitor logs, etc)?		
51	Use electricity to operate? <i>Check all that apply:</i> ... ventilation system ... watering system ... feeders ... lights ... n/a		
52	Have a back-up power supply?		
	Does the back-up power supply have a failure alarm?		
	Is it tested periodically?		



J) SLAUGHTER REQUIREMENTS		YES	NO
<i>NOTE: If your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity</i>			
53	Is there a procedure in place to identify your operation's chicken flocks upon arrival at the slaughter plant? (e.g. producer #, barn/floor identification#, flock identification, or other)		
54	The plant uses the following method to stun and kill birds? <i>Check all that apply:</i> <input type="checkbox"/> electric water bath <input type="checkbox"/> electric knife <input type="checkbox"/> gas stunning <input type="checkbox"/> other: _____ <input type="checkbox"/> I don't know		

55	Plant Information				Establishment Number	Do they hold a 3 <sup>rd</sup> party animal welfare certificate?
	Name of Plant		Address	Tel		
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know