

PIG COLLECTION

POINT



Please fill in this [4-page application](#) as completely and accurately as possible. Incomplete applications will be returned and delay audit scheduling.

COLLECTION POINT CONTACT INFO:

Name of Collection Point			
Contact Person(s)			
Position(s)			
Mailing Address (street, city, state/ province, zip/postal, country)			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Email <input type="checkbox"/> Tel		
Name of supplier/producer group/coop/marketing arm that the collection point is affiliated with, if any.			

CURRENT AND PAST CERTIFICATES:

Does the collection point hold a <u>current</u> GAP? certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #		Expires on	
				Step-rating			
Has the collection point ever held a GAP? certificate in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #			
				Step-rating			
Has the collection point ever had a GAP? audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Date of audit			
				Reason for no certification:			

SUBMITTED BY:

- By the Collection Point. *Please go to Signature section.*
- By a Designated Representative (affiliated with a supplier). If so, please complete the following:

Contact Person(s)			
Position(s)			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel		<input type="checkbox"/> Email

SIGNATURE:

You represent and acknowledge that all information on this [4-page application](#) herein is accurate. [Regardless of who signs this document, the owner of the operation is responsible for accuracy and content of this application.](#)

Printed Name			
Signature		Date	

* If the applicant uses the signature wizard on this fillable form, please use a digital image of your signature to 'sign' the document.

COLLECTION POINT LOCATION:

List ALL locations that are part of the collection point/assembly yard

Site	Physical Address (street, city, state/ province, zip/postal, country)	Distance from Site 1 (hours)
1		
2		
3		

How many pig farms use the collection point in a year?	
How many pig suppliers/producer groups/coops/marketing arms use the collection point?	

The collection point is staffed on:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
The collection point handles:	<input type="checkbox"/> pigs	<input type="checkbox"/> cattle	<input type="checkbox"/> sheep	<input type="checkbox"/> goats	<input type="checkbox"/> other: _____		
The collection point is used for G.A.P. pigs on:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat

ANIMAL CAPACITY:

The daily maximum capacity for G.A.P. market ready hogs at the collection point is:		What % of animals coming through your system will be G.A.P. Step-rated?	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24%
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On average, pigs stay at the collection point for:	<input type="checkbox"/> less than 1 hour <input type="checkbox"/> less than 4 hours <input type="checkbox"/> less than 8 hours <input type="checkbox"/> other: _____
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COLLECTION POINT DETAILS:

How many pens are there?	
What is the maximum finisher capacity (i.e. # head) of each pen?	
What are the pen dimensions (on average)?	
Pens are:	<input type="checkbox"/> used multiple times a day <input type="checkbox"/> used once a day

For each of the following questions, please answer by checking the appropriate box.
Your answers should reflect the collection point's current situation or practice.

A) GENERAL		YES	NO
1	Has the collection point's owner read Global Animal Partnership's Animal Welfare Pilot Standards for Pig Collection Points v1.0?		
2	Does the collection point hold any other certifications that conflict with the Collection Point standards and requirements? If YES Please provide details:		
3	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the G.A.P. standards? If YES Please provide the Standard number and additional details:		

B) PLANS, PROTOCOLS & RECORDS			YES	NO
DOES THE COLLECTION POINT:			YES	NO
4	Have a written protocol outlining how Step-rated animals are segregated from non-Step-rated animals?			
5	Have a training program that includes animal handling and management?			
6	Keep the following chain of custody records for each shipment of pigs? <i>Check all that apply:</i> <input type="checkbox"/> name of the operation <input type="checkbox"/> head count <input type="checkbox"/> Step-rating of the operation <input type="checkbox"/> departure and arrival times <input type="checkbox"/> DOAs <input type="checkbox"/> I don't have chain of custody records			

C) ANIMAL CONDITION			YES	NO
DOES THE COLLECTION POINT:			YES	NO
7	Have protocols for animals that are sick/injured/lame/poor body condition/non-ambulatory that arrive at the collection point?			
8	Have protocols for animals that get sick/injured/lame/non-ambulatory during their time at the collection point?			
9	Use the following method(s) to euthanize (<i>check all that apply</i>): <input type="checkbox"/> gunshot <input type="checkbox"/> penetrating captive bolt <input type="checkbox"/> non-penetrating captive bolt <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____			

D) ANIMAL CARE & MANAGEMENT			YES	NO
10	How frequently are pigs checked? <input type="checkbox"/> once a day <input type="checkbox"/> twice a day <input type="checkbox"/> every couple of hours <input type="checkbox"/> other: _____			
11	Are electric prods used to handle/load/unload pigs (other than when there is a risk to an animal or stock person)?			

D) ANIMAL CARE & MANAGEMENT <i>Continued</i>		YES	NO
12	Does the collection point/assembly yard provide the following? <i>Check all that apply:</i> <input type="checkbox"/> bedding <input type="checkbox"/> shade/shelter <input type="checkbox"/> wallows/showers/sprinklers/misters <input type="checkbox"/> fans <input type="checkbox"/> windbreaks <input type="checkbox"/> other: _____ <input type="checkbox"/> no, none of the above		

E) FEED & WATER		YES	NO
13	Are pigs held overnight?		
If YES	Are they fed? <input type="checkbox"/> yes, they are given _____ <input type="checkbox"/> no		
If YES	Does the feed contain any animal (mammal, avian or fish) by-product or waste? <input type="checkbox"/> yes <input type="checkbox"/> no		
14	Is drinking water provided at all times?		
If NO	When is water provided? <input type="checkbox"/> 2 hours after arrival <input type="checkbox"/> 4 hours after arrival <input type="checkbox"/> 6 hours after arrival <input type="checkbox"/> 8 hours after arrival <input type="checkbox"/> only if they are held overnight		
	How is water provided?		
	Are the following records kept (<i>check all that apply</i>)? <input type="checkbox"/> arrival time of pigs <input type="checkbox"/> departure time of pigs <input type="checkbox"/> time water is provided to pig pen <input type="checkbox"/> no records are kept		

F) NEXT DESTINATION			
15	Where are G.A.P. pigs transported to next? Please provide the name & address of <u>all</u> destinations of pigs. <i>NOTE: if multiple destinations, please attach information in a separate attachment</i>		
	Where are pigs transported to?	Destination Information	Average time from your location to next destination?
	<input type="checkbox"/> directly to processor <input type="checkbox"/> another operation <input type="checkbox"/> sale or auction barn <input type="checkbox"/> other: _____	name / city / state	Time (h)

Please submit this completed application to your preferred G.A.P.-approved certification company for review.