TRANSPORT / CHAIN OF CUSTODY RECORD

(Complete this form when transporting animals within or off of your operation)

Date: _____

Origin Information	
Operation name:	
Operation address:	
Contact Name:	Contact Phone:

Destination Information	
Destination type: *(e.g., finishing operation, slaughter)*	
Destination name:	
Destination address:	
Contact Name:	Contact Phone:

Transport Information			
Number of cattle transported:		Average age of cattle transported:	
Time when feed was withheld:		Time when water was withheld:	
Loading Start Time:		Loading End Time:	
Departure Time:		Arrival Time:	
Reasons for stops or delays en route:		Number of mortalities:	

G.A.P. Certificate Information			
G.A.P. Certificate Number:		Certificate Expiry Date:	
G.A.P. Step Level:	☐ Step 1　☐ Step 2　☐ Step 4　☐ Step 5　☐ Step 5+		
Standard number of any deviations granted: *(if applicable)*			

Notes: