

TRANSPORT / CHAIN OF CUSTODY RECORD

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

Date: _____

Origin Information

Operation name:			
Operation address:			
Contact Name:		Contact Phone:	

Destination Information

Destination name:			
Destination address:			
Contact Name:		Contact Phone:	

Flock Information

Flock(s) transported:		Number of chickens transported:	
Time when feed was withheld:		Time when water was withheld:	
What is the average live weight at time of shipping?			<input type="checkbox"/> lbs <input type="checkbox"/> kgs

Transport Information

Loading Start Time:		Loading End Time:	
Departure Time:		Arrival Time:	
Reasons for stops or delays en route:		Number of chickens Dead On Arrival (DOAs):	

G.A.P. Certificate Information

G.A.P. Certificate Number:		Certificate Expiry Date:	
G.A.P. Step Level:	<input type="checkbox"/> Step 1 <input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3 <input type="checkbox"/> Step 4 <input type="checkbox"/> Step 5 <input type="checkbox"/> Step 5+		
Standard number of any deviations granted: <i>(if applicable)</i>			

Notes: