## G.A.P.'s Turkey Herd and Load Form 2: MONTHLY SELF ASSESSMENT



#### ASSESSMENT INSTRUCTIONS

The herd and load self-assessment must be conducted in-person by an Assessor (either a quality assurance or compliance manager, or another trained manager who is not a direct member of the Live Haul Crew).

At least 2 hours of herding and loading must be observed (this excludes time taken for setting up and/or staging equipment).

Please review the following questions and answer based on the observations made during the Assessment. Answers checked in the grey boxes indicate an incident.

Even if an incident is corrected at the time of the Assessment, it should still be marked as an incident on this Form. Please use the Notes Section at the end to include details about the incident observed so that the Live Haul Manager and Crew Supervisor can develop an appropriate corrective action plan.

MON	IIHLY SELF-	ASSESSIVIENTI	NFORMATION						
Live Haul Company or Department:									
Assessor Name:			Assessor Title:						
Live I	Haul Crew S	Supervisor:	Live Haul Crew ID:						
Farm	Name:								
Farm Address:									
Date	of Herd &	Load:							
Herd	& Load Sta	rt/End Times:	Start Time: End Time:						
Assessment Start/End Times:		Start Time:			End Time:				
HANI	DLING							YES	NO
1	not limite  • Ki  • St	ember of the Cr d to, the followi cking riking/Hitting unching		ing • [	se and/or egre  Oragging  Stomping  Sitting on	e Running  Purpose causing	over fully		
CONI	DITION OF	TURKEYS AND T	HERMAL COMF	ORT				YES	NO
2		l/broken/expose			_	e from eyes/nostr ead/neck loaded i			
3	Were any	severely lame o	r non-ambulato	ry or otherwise i	njured turkeys	loaded into cont	ainers?		
4	Were any	turkeys injured	during the herd	ing process?					
	Were there any birds that were discovered with acute trauma?								
If YES, Were the birds person on the Live			s immediately euthanized? This could be done by the farm manager or trained Haul Crew.						

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	Did the turkeys show signs of heat or cold stress?					
6	If YES, Was the farm manager alerted?					
EQUI	JIPMENT CHECKS	YES	NO			
7	Did the Live Haul Crew Supervisor check that damaged?	the containers were clean and not broken or				
HERD	RDING	YES	NO			
8	Did turkeys pile, smother, trample or jump on each other, perform excessive wing flapping or scratching?					
9	Were handling aids other than nylon flags, plastic bags, boards, tarps or fences used?					
10	Were handling aids used correctly?					
CATC	CHING AND CARRYING	YES	NO			
11	Were any turkeys caught or carried only by the tail, head, neck, or wing(s)?					
12	Were any turkeys carried upside down?					
PRE-I	-LOADING AND LOADING	YES	NO			
13	Did any turkeys pile up in the pre-loader or loader	ader?				
	Were any birds caught in the equipment?					
14	Was the equipment stopped immediately and the bird attended to before restarting any equipment?					
	Please indicate how many birds were caught:					
	Did any birds fall off the loading equipment?					
15	Were the birds attended to immediately?					
	Please indicate how many birds fell	off equipment:				
16	Were turkeys grabbed, dragged, or shoved int	to the containers?				
17	Were any turkeys injured while being loaded					
18	Did the Crew make sure that no heads, legs, or wings were caught while the container door was closing?					
19	Were turkeys all able to sit on the floor of the	transport container at the same time?				
MOV	VING CONTAINERS, if applicable	YES	NO			
20	Were containers tilted while moving?					
21	Were there any dropping and sudden jarring movements while moving containers?					
22	Were any turkeys injured by the forklift equip	ment?				
ESCA	APED BIRDS	YES	NO			
	Were there any escaped birds?					
23	Before the truck moved, were the birds moved back into the barn or loaded onto the truck?					
	Please indicate how many birds esca	ped:				

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NOTES SE	FCTION				
NOTES	Lenon				
LIST OF I	NCIDENTS				
		cked in the grey boxes indicate an incident and must be noted here, along with			
	etails, and brought to the atter ncidents, please attach an addit	tion of the Live Haul Crew Manager and/or Supervisor. If there are more than			
Incident		Incident Details			
1110.0.011		moracite Details			
	R SIGNATURE				
	eck one of the following boxes.				
	The above record shows that all requirements were met during the herd and load process and that no incidents were identified.				
	The above record shows that there was one (1) or more incidents identified. Please fill in the above section				
	outlining the incident(s). This form must be provided to the Live Haul Crew Supervisor and Live Haul Manager immediately following this self-assessment.				
initial decay joil owing this self discosment.					
You, the Assessor, represent and acknowledge that all information on this form herein is accurate.  Please sign below.					
ricuse sign below.					
Assessor	Name (printed):	Date:			
Assessor	Signature:				

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#### **CORRECTIVE ACTION PLANS**

The following corrective action plans must be completed and signed off by the Live Haul Manager and/or Live Haul Crew Supervisor.

Review the incidents above. For each incident, a corrective action plan must be developed and implemented. Corrective action plans should focus on how to avoid the incident(s) happening in the future and not just at the time of the Assessment.

Incident #	Corrective Action Plan	Date of Implementation

### LIVE HAUL MANAGER AND CREW SUPERVISOR SIGNATURE

You, the Live Haul Manager and Crew Supervisor, represent and acknowledge that all information on this form herein is accurate. Please sign below.

Live Haul Manager Name (printed):	Date:	
Live Haul Manager Signature:		
Crew Supervisor Name (printed):	Date:	
Crew Supervisor Signature:		