

G.A.P.'s Animal Welfare Pilot Standards

Application: MEAT SHEEP COLLECTION POINTS



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> G.A.P. certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #		Expires on	
				Step Level			
Has the collection point ever held a G.A.P. certificate <u>in the past</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #			
				Step Level			
Has the collection point ever had a G.A.P. audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Issued by	<input type="checkbox"/> LISA	<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"/> Email <input type="checkbox"/> Tel		

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

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

How many sheep farms use the collection point in a year?	
How many sheep 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"/> goats	<input type="checkbox"/> cattle	<input type="checkbox"/> sheep	<input type="checkbox"/> pigs	<input type="checkbox"/> other: _____		
The collection point is used for G.A.P. sheep 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:

Site numbers below are linked to table above

Site	Total # of Sheep	The maximum daily capacity for G.A.P. market ready sheep at the collection point is:	What % of animals coming through your system will be Step-rated?
1			<input type="checkbox"/> 100%
2			<input type="checkbox"/> 75-99%
3			<input type="checkbox"/> 50-74%
			<input type="checkbox"/> 25-49%
			<input type="checkbox"/> 0-24%

On average, sheep 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 capacity of each pen?	
What are the pen dimensions (on average)?	_____ x _____ <input type="checkbox"/> ft <input type="checkbox"/> m
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. All questions must be answered for your application to be processed.

Your answers should reflect the collection point 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 Meat Sheep Collection Points v1.1?		
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:			
3	Have a written protocol outlining how Step-rated animals are segregated from non-Step-rated animals?		
4	Have a training program that includes animal handling and management?		
5	Keep the following chain of custody records for each shipment of sheep? <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:			
6	Have protocols for animals that are sick/injured/lame/poor body condition/non-ambulatory when they arrive at the collection point?		
7	Have protocols for animals that get sick/injured/lame/non-ambulatory during their time at the collection point?		
8	Use the following method(s) to euthanize sheep (<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
9	How frequently are sheep checked? <input type="checkbox"/> once a day <input type="checkbox"/> twice a day <input type="checkbox"/> every couple of hours <input type="checkbox"/> other: _____		
10	Are electric prods ever used to handle/load/unload sheep?		

D) ANIMAL CARE & MANAGEMENT <i>Continued</i>		YES	NO
11	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"/> fans <input type="checkbox"/> windbreaks <input type="checkbox"/> other: _____ <input type="checkbox"/> no, none of the above		

E) FEED & WATER			YES	NO
12	Are sheep 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		
13	Is drinking water provided at all times?			

F) NEXT DESTINATION				
14	Where are G.A.P. sheep transported to next? Please provide the name & address of <u>all</u> destinations of sheep. <i>NOTE: if multiple destinations, please attach information in a separate attachment</i>			
	Where are sheep 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.