GLOBAL ANIMAL PARTNERSHIP

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, collection point, slaughter)*	
Destination name:	
Destination address:	
Contact Name:	Contact Phone:

Transport Information	
Number of pigs transported:	Number of mortalities:
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:	

G.A.P. Certificate Information	
G.A.P. Certificate Number:	Certificate Expiry Date:
G.A.P. Step Level:	☐ Step 1 ☐ Step 2 ☐ Step 3 ☐ Step 4 ☐ Step 5 ☐ Step 5+
Standard number of any deviations granted: *(if applicable)*	

Notes: