



Quality Assurance Manual

IMPORTANT – LEGAL REQUIREMENT – COMPLETE BOTH SIDES OF THIS DOCUMENT

Delivery Date:	Holding CPH Reference No.	Agent:	Identification Mark
Name & Address (Owner): Holding N° and Address (if different from above)	FA Scheme:		
	FA No:		
	Number of animals		Flock No
	Age of animals		
	Details of Vet Surgeon:		
Telephone No:	E-mail:	Please tick as applicable	
Fax No:		Individual EID: []	Batch EID: []

Condition of stock when loaded: (Please circle) **Clean** **Dry** **Wet** **Dirty**

Information about holding restrictions or results of analysis relevant to public health

- The holding is not under movement restrictions for any other animal disease or public health reason
- Withdrawal periods have been observed for all veterinary medicines and other treatments administered to the animal(s) while on this holding and previous holdings.
- To the best of my knowledge the animals are not suffering from any disease or condition that may affect the safety of meat derived from them.
- No analysis of samples taken from animals on the holding or other samples has shown that the animals in this consignment may have been exposed to any disease or condition that may affect the safety of meat or to substances likely to result in residues in meat.
- I confirm that these lambs have been produced in accordance to the QMS Standards, and have resided on an assured farm for no less than 60 days.
- I confirm that these lambs have been resident on the final farm for a minimum of 20 days.
- I confirm that these lambs have not been resident on more than two holdings.
- I declare that all livestock listed above conform to the requirements of Dunbia (Elgin), and meet the necessary specification to qualify for any payments or bonuses associated with customer specification.
- **If the animals do not fulfill all the statements above, tick this box and provide additional information below**

Producer Signature : _____ **Print Name :** _____ **Date :** _____

Information about animal(s) believed to be suffering from a disease or condition that might affect the safety of meat derived from it/them.

Identification of animal(s) – or attached list

Describe the disease or condition, or diagnosis if a veterinary surgeon has examined the animal(s)

Record all veterinary medicines and other treatments with a withdrawal period greater than zero administered within the previous 60 days

Name of medicine			
Date of administration			
Withdrawal period			

Producer Signature : _____ **Print Name :** _____ **Date :** _____

DOCUMENT CONTROL

Reference	Version No.	Page	Issue date	Issued by:	Authorised by:	Department
7.0	3	1 of 2	12.09.2014	B.Morris	B Morris	Technical

Quality Assurance Manual
ORGANIC

- I confirm that these animals listed above have been kept to full organic standards, and have not been dipped in Organophosphates (OP).
- If you are a **new supplier**, an up-to-date organic certificate of registration must be sent to the procurement department prior to delivery of livestock. (Fax 01343 540880 or dmaclennan@dunbia.com.
- If this form is not completed in all appropriate categories, the stock may not be accepted for slaughter.
- Organic License Number _____

Producer Signature : _____ **Print Name :** _____ **Date :** _____

TASTE THE DIFFERENCE (TTD)

- I confirm that I have read the protocol for the production of lambs for the Taste the Difference range and I fully comply with the quality specification and farm criteria required for the scheme.

Producer Signature : _____ **Print Name :** _____ **Date :** _____

Asda

- I confirm that I have read the protocol for the production of lambs for the Asda range and I fully comply with the quality specification and farm criteria required by the scheme. I also confirm that the lambs were born and reared in Scotland.

Producer Signature : _____ **Print Name :** _____ **Date :** _____

Mey Selections

- I declare that all Mey lambs have been born and reared in to Mey Lamb Specifications. These can be found at http://www.mey-selections.com/farmers_new.html

Producer Signature : _____ **Print Name :** _____ **Date :** _____

COLLECTION CENTRES

- I confirm that these lambs have not been in a Collection Centre for more than 4 hours.

Lot arrival time _____ **Lot departure time :** _____

Collection
Centre
Signature : _____ **Print Name :** _____ **Date :** _____

OFFICE USE ONLY
OV approval to slaughter signature : _____ **Print Name :** _____ **Date :** _____

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