Brookside Abattoir / Northumberlamb Co-op

Live Animal Receiving & Screening Record

Date of Delivery:	Time Delivered:	Monitoring (weekly on-site)	
Producer/Shipper: Account#	Name:	Date:	
# of Animals Delivered Pen # Anima	Is Placed In:	Time:	
*******Ensure this sheet is left at the designated spo	Initials:		

ONLY EMPLOYEES WHO ARE TRAINED SHALL PERFORM THE ANTE MORTEM INSPECTION

Screening will be performed on every animal received and findings recorded on this form. The Trained Employee will check each animal for abnormalities such as appearance, behavior, posture, gait and/or odor as per the Ante-Mortem Examination & Screening and Employee Training Guide.

Producer		Operator (Date of A.M Inspection:))
CFIA Tag # Used	Northumberlamb Tag # Used	Ante Mortem Inspection N = Normal S = Suspect		Describe Observations Found for Suspect Animals	Inspected By
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C performed on-site veri		_Date:_		Time:	

HC reviewed form (daily)