

Brookside Abattoir / Northumberland Est # 762 Live Animal Receiving & Screening Record

Date of Delivery: _____ Time Delivered: _____ Producer/Shipper: Account # _____

Name: _____

Of Animals Delivered _____ Pen # Animals Placed In: _____

*****Ensure this sheet is left at the designated spot for Personnel to collect*****

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: _____)				Describe Observations Found for Suspect Animals	Inspected By
CFIA Tag # Used	Northumber lamb Tag # Used	Ante Mortem Inspection N = Normal S = Suspect	New crop √	Mutton √	Sheared √		
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HC performed on-site verification (weekly)

Signature: _____ Date: _____ Time: _____

HC reviewed form (daily)

Signature: _____ Date: _____ Time: _____

Premises Identification # NS6370642

Reviewed By: _____ Date: _____

Revision Date: August 20 2020 Approved by: Robert Johnson