

Audit details

Audited location							
Additional location details, e.g. coordinator, identification number etc.							
Name of the respondent (contact)							
Program audit							
Confirmation audit		Additional audit					
Stock check		First contact (date; hh:mm)					
Special audit							
Parallel audit							
Date of audit (from)					Date of audit (until)		
Start of audit (hh:mm)					End of audit (hh:mm)		
Audit duration (hh:mm)							
Combined audit (norm/standard/program)							
Certification body							
Last name, first name of auditor							
General K.O.		Remark general K.O.					
Comments							
Preliminary audit result					Number of corrective actions		

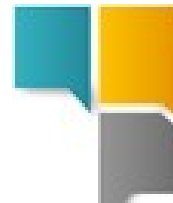
Place, date

Signature/s auditor/s

I hereby confirm the data concerning the company and the audit. I have received a copy of the audit report and the action plan.

Place, date

Signature responsible person

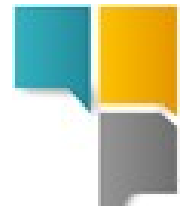


Company details - Turkey production

Name of company	
Street and house number	
Postal code, town and country	
Telephone/fax number	
Email address	
Address of sty/coop (if different from mailing address)	
Location number (VVVO no.)	
Registered production scope no.	
Identification number	
Name of person responsible	
Name of coordinator	

Scope - Turkey production

Production scope		Kg live weight			with turkey rearing
3004	Turkey production (male turkeys)				
3004	Turkey production (female turkeys)				
Period audited		From	DD.MM.YYYY	Until	DD.MM.YYYY
Quantity Report: Random check of the report correct?			Yes		Remark quantity report:
			No		



Additional contact persons and details on the availability

Contact person location

Contact person location	
Telephone (best reachable)	
Additional telephone number	
Remark (availability)	

Deputy contact person location

Deputy contact person location	
Telephone	
Mobile	
Remark (availability)	

Zusätzliche Informationen zum Standort

Remark location	
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Company: _____

Date: _____

No.	Criterion/ Requirement	A	C	KO	E	Comments
* = For this requirement the evidence or measurement tool used for evaluation of compliance with the animal welfare requirement must be documented, regardless of the outcome of the assessment.						
If criteria are rated C, measures must be initiated. These are to be recorded in the corrective action report.						
1 Requirements turkey production						
1.1 Basic criteria for livestock production, hygiene, animal health						
1.1.1	(Stock check) Monitoring and care of livestock* (KM)					
1.1.2	(Stock check) General farming requirements* (KM)					
1.1.3	(Stock check) Correct handling of ill and injured poultry* (KM)					
1.1.4	(Stock check) Shed floor* (KM)					
1.1.5	(Stock check) Shed climate, temperature, noise pollution, ventilation* (KM)					
1.1.6	(Stock check) Lighting* (KM)					
1.1.7	(Stock check) Alarm system* (KM)					
1.1.8	(Stock check) Feed supply* (KM)					
1.1.9	(Stock check) Hygiene of feeding facilities* (KM)					
1.1.10	(Stock check) Storage of feeds* (KM)					
1.1.11	(Stock check) Water supply* (KM)					
1.1.12	(Stock check) Hygiene of drinking facilities* (KM)					
1.1.13	(Stock check) Buildings and equipment* (KM)					

No.	Criterion/ Requirement	A	C	KO	E	Comments
1.1.14	(Stock check) Hygiene on the farm* (KM)					
1.1.15	(Stock check) Handling litter, dung and feed leftovers* (KM)					
1.1.16	(Stock check) Carcass storage and pick-up* (KM)					
1.1.17	(Stock check) Pest monitoring and control (KM)					
1.1.18	(Stock check) Cleaning and disinfection measures* (KM)					
1.2	Origin and Marketing: Procurement of day-old-chicks*					
1.3	Monitoring and Care of Livestock: Measures to improve foot pad health*					
1.4	Handling of livestock when loading: Instructions for preliminary destocking (only for broilers)*				X	
1.5	Proof of proficiency of the livestock farmer: Proof of annual training of livestock farmer*					
1.6	Documentation of results from the slaughtering process: Participation in animal welfare control plan*					
1.7	(Stock check) Additional activity options*					
1.8	(Stock check) Bigger space allowances*					
1.9	Shed climate check*					
1.10	Drinking water check*					

Location: _____

Date: _____

Nr.	Evaluation	Nonconformity	Corrective actions	Deadline