

Audit details

| | | | |
|---|--|-------------------------------------|--|
| Audited location | | | |
| Additional location details, e.g. coordinator, identification number etc. | | | |
| Name of the respondent (contact) | | | |
| Program audit | | | |
| Additional program 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 - Broiler 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 - Broiler production

| Production scope | | Kg live weight | | | |
|---|---------------------------|--------------------------|-------------------------|------------|--|
| 3001 | Broiler production | | | | |
| Period audited | from | DD.MM.YYYY | until | DD.MM.YYYY | |
| Quantity report: Random check of the report correct? | Yes | <input type="checkbox"/> | Remark quantity report: | | |
| | No | <input type="checkbox"/> | | | |

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 | |
|-----------------|--|

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 broiler 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) Handling sick and injured animals* (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) Feed storage* (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)* | | | | | |
| 1.5 | Lighting programme for sheds with artificial lighting: Twilight periods (only for broilers)* | | | | | |
| 1.6 | Proof of proficiency of the livestock farmer: Proof of annual training of livestock farmer* | | | | | |
| 1.7 | Documentation of results from the slaughtering process: Participation in monitoring of diagnostic data* | | | | | |
| 1.8 | (Stock check) Additional activity options* | | | | | |
| 1.9 | (Stock check) Bigger space allowances* | | | | | |
| 1.10 | Shed climate check* | | | | | |
| 1.11 | Drinking water check* | | | | | |

Location: _____

Date: _____

I hereby confirm that the following corrective actions were agreed upon between me and the auditor.

Place, date Signature/s of auditor/s Signature of person responsible

| Nr. | Evaluation | Nonconformity | Corrective actions | Deadline |
|-----|------------|---------------|--------------------|----------|
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