

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 - 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) 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)*				X	
1.5	Lighting programme for sheds with artificial lighting: Twilight periods (only for broilers)*				X	
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