

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			
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		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)	

Additional information about the location

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 broiler production					
1.1	Basic criteria for livestock production, hygiene, animal health					
1.1.1	Monitoring and care of livestock* (KM)					
1.1.2	General farming requirements* (KM)					
1.1.3	Handling sick and injured animals* (KM)					
1.1.4	Shed floor* (KM)					
1.1.5	Shed climate, temperature, noise pollution, ventilation* (KM)					
1.1.6	Lighting* (KM)					
1.1.7	Alarm system* (KM)					
1.1.8	Feed supply* (KM)					
1.1.9	Hygiene of feeding facilities* (KM)					
1.1.10	Feed storage* (KM)					
1.1.11	Water supply* (KM)					
1.1.12	Hygiene of drinking facilities* (KM)					

No.	Criterion/ Requirement	A	C	KO	E	Comments
1.1.13	Buildings and equipment* (KM)					
1.1.14	Hygiene on the farm* (KM)					
1.1.15	Handling litter, dung and feed leftovers* (KM)					
1.1.16	Carcass storage and pick-up* (KM)					
1.1.17	Pest monitoring and control (KM)					
1.1.18	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	Additional activity options*					
1.9	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	