



Animal &
Plant Health
Agency

Animal and Plant Health Agency
Access to Information Team
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Ground Floor
Woodham Lane
New Haw
Addlestone
Surrey
KT15 3NB

T 01932 341111
F 01932 357608

www.gov.uk/apha

[REDACTED]
{By Email}

Our Ref: ATIC0776

Your ref [REDACTED]

11 January 2016

Dear [REDACTED]

PROVISION OF REQUESTED INFORMATION

Thank you for your request for information about live animal export which we received on 4 January 2016. Your request has been handled under the Freedom of Information Act 2000.

The information you requested and our response is detailed below:

“Freedom of Information Request Live animal export shipment Tuesday 22 September 2015 via Ramsgate Port My ref 22 -09/02

Sir I am requesting under an FOI Request the following Information on Live animal shipments from the UK .

1. 1. The completed and returned Journey Logs for the following Livestock Transporters for 21/22. September 2015

A. BZ-HX-63 -----OF 68 RN

Please see the returned journey log attached at Appendix 1.

B. BN XH 63 -----OD-39-DD

Please see the returned journey log attached at Appendix 2.

C. KX11AYG -----OK-16-YN”

Please see the returned journey log attached at Appendix 3.

Information has been redacted under Section 38 and Section 40(2) of the FOIA.

Section 38 refers to the exemption from the duty to provide information if it would, or would be likely to affect anyone’s health or safety.

We recognise that there is a general presumption in favour of transparency and openness concerning our work, and providing the general public with the right to request access to information held by public authorities.

We also recognise that there is a public interest in disclosure of this specific information in order to increase this transparency and aid well-informed debates concerning the welfare and transportation of animals, and the individuals associated with them.

However, we feel that there is a stronger public interest in withholding the information as the full address of the premises of origin, destination and/or rest stops, transporter details and individual names would identify further information and would, or would be likely to, endanger the health and safety of staff. This poses a substantial risk to the health and safety of individuals associated with the transportation of animals that would be of significant severity and is likely to occur in some cases. We consider this to be a significant factor in favour of maintaining the exemption.

APHA has balanced the real threat to the health and safety of individuals which disclosure of the requested information would be likely to cause, against the public interest arguments in favour of disclosure. In this instance the APHA does not consider that disclosing the information requested in order to inform public debate and to promote accountability and transparency would justify the risk to individuals' health and safety.

Section 40(2) refers to other people's personal information. Some of the information contained within the requested documents has been withheld under section 40(2) (third party personal data) of the FOIA as the information constitutes personal data relating to a third party. Section 40(2) of the FOIA provides that personal data relating to third parties is exempt information if disclosure would breach the Data Protection Act 1998 (DPA).

APHA consider that disclosure of this information is likely to breach the first data protection principle in Schedule 1 of the DPA, which relates to the fair and lawful processing of personal data, in two ways. First, disclosure would not constitute 'fair' processing of the personal data, second, disclosure would not satisfy any of the conditions for data processing set out in Schedule 2 to the DPA. Therefore, we have concluded that this information is exempt from disclosure under section 40(2) of the FOIA.

I attach an Annex which explains the copyright that applies to the information being released to you and contact details should you be unhappy with the service you have received.

If you have any queries about this letter, please contact the Access to Information Team at the email address below or postal address at the top of this letter.

Yours sincerely

ACCESS TO INFORMATION TEAM

Email: enquiries@apha.gsi.gov.uk

Annex

Copyright

The information supplied to you is Crown copyright, unless otherwise stated, and is protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research, and for the purposes of news reporting. Any other re-use, for example commercial publication, will require permission. You can find details on the arrangements for re-using Crown copyright information at:

<http://www.nationalarchives.gov.uk/doc/open-government-licence/open-government-licence.htm>

Information you receive which is **not** subject to Crown Copyright continues to be protected by the copyright of the person, or organisation, from which the information originated. You must ensure that you gain their permission before reproducing any third party (non Crown Copyright) information.

In keeping with the spirit and effect of the Freedom of Information Act 2000/Environmental Information Regulations 2004, all information is assumed to be releasable to the public unless exempt. The information released to you may now be published on our website together with any related information that will provide a key to its wider context.

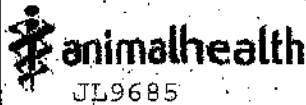
Complaints

If you are unhappy with the result of your request for information you may request an internal review within 40 working days of the date of this letter.

If you wish to request an internal review, please contact: The Access to Information Team at enquiries@apha.gsi.gov.uk or at the postal address at the top of this letter, who will arrange for an internal review of your case.

If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. Please note that generally the Information Commissioner cannot make a decision unless you have first exhausted APHA's own complaints procedure. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Council Regulation EC No 1/2005 on the protection of animals during transport. JOURNEY LOG	Animal Health office address Centre for International Trade Wavell Drive Carlisle CA1 2TB	 JL9685
	During the journey the consignment of animals MUST be accompanied by THIS journey log	

1.1 Organiser's name and full postal address: [Redacted] Postcode: [Redacted]	1.2 Name of person in charge of the journey [Redacted]
	1.3 Telephone (Incl. STD code) [Redacted] Fax (Incl. STD code) [Redacted]
	1.4 Organiser's Transporter Authorisation Reference (if applicable): [Redacted]

2. Total expected journey duration (hours) **23 hours**

3.1 Place of departure (full postal address) [Redacted] Postcode: [Redacted]	4.1 Destination (full postal address) [Redacted] France. Postcode: [Redacted]
--	---

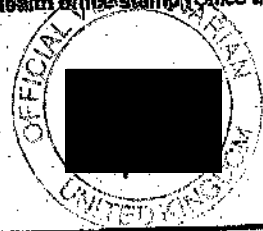
3.2. Departure – date and time **21/09/2015 01:00hrs.**

4.2 Arrival – date and time **21/09/2015 23:59hrs.**

5.1 Species (tick relevant boxes) <input type="checkbox"/> Pigs <input checked="" type="checkbox"/> Sheep <input type="checkbox"/> Cattle <input type="checkbox"/> Goats <input type="checkbox"/> Horses <input type="checkbox"/> Ponies <input checked="" type="checkbox"/> Weaned <input type="checkbox"/> Un-weaned Approximate Age (if not adult) 9 months	5.2 Number of animals 580	5.3. Purpose of export <input type="checkbox"/> Breeding <input checked="" type="checkbox"/> Production/Slaughter <input type="checkbox"/> Other If other please describe:
	5.4. Estimated Weight 16800 kg.	
	5.5. Total Space for animals (m ²) 110.	

[Redacted] Transfer 4th tier to small truck for onward journey on 3 tiers.	21/09/2015	14:00	21/09/2015	18:00	2 Hour.	[Redacted]

Shipping Company/Airline M.V. Joline.	Port/Airport of Departure Ramsgate.	Departure time 09:00 hours.	Port/Airport of arrival Calais	Arrival time 13:00 hours.
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7. I, the organiser, hereby declare that I am responsible for the organisation of the abovementioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation (EC) No 1/2005. I have confirmed that the transporters named in this form each hold an over 8 hour long journey Transporter Authorisation.	Animal Health office stamp (office use only) 
8. Organiser's signature: [Redacted]	Health Certificate(s) reference(s) INTRA.GE.2015.0021963.
Date 17/09/2015	Organiser's Journey Log Reference [Redacted]

Please submit this form to: **Welfare In Transport, Specialist Service Centre – Exports, Hadrian House, Wavell Drive, Rosehill Industrial Estate, Carlisle CA1 2TB**

Section 2 – Place of Departure

To be completed in BLOCK letters by the KEEPER at the place of Departure

1. Name and full postal address of the keeper at the place of departure:

[Redacted]

Postcode:

2. Full postal address of the place of departure:

[Redacted]

Postcode:

3. Date and Time of first animal loading

21 Jan 15⁰⁰
16⁰⁰

4. Number of animals loaded

6500

5. Registration and Vehicle Approval Certificate reference

of 68 An

[Redacted]

6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No. 1/2005 on the protection of animals during transport and related operations.

7. Signature of the keeper at the place of departure:

[Redacted]

Date: 21-9-15

8: Additional Checks by an Official Veterinarian/Inspector

9. Name and full address of Veterinarian/Inspector:

[Redacted]

Postcode:

[Redacted]

Comments

10. I hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No. 1/2005.

11. Signature of Inspector:

[Redacted]

Official Stamp



Date:

21 Sep 15

Section 3 - Place of Destination

To be completed in BLOCK letters by either the KEEPER at the Place of Destination or the OFFICIAL VETERINARIAN at an EU exit point

1. Name and Full Address of the Keeper/Official Veterinarian at the place of destination/~~exit point~~.

2. Place and Member State of Destination/~~Checking Point~~

AS I

Postcode:

3. Date and Time of Check

Date

23-9-15

Time

07 00

4. Checks Performed

5. Outcome of the Checks

5.1 Compliance

5.2 Non-Compliance

4.1 Transporter:

[Redacted]

Authorisation reference

[Redacted]

4.2 Driver:

[Redacted]

Certificate of Competence reference

[Redacted]

4.3 Registration of Vehicle:

of 100 An

Vehicle Approval Certificate reference

[Redacted]

4.4 Average space allowance per animal (m²)

640/140

4.5 Journey log records and journey time limits

OK

If any non-compliance boxes are ticked Section 5 - Anomaly report must be completed

4.6 Animals

Total Checked

Unfit (U)

Dead (D)

Fit (F)

640

—

—

640

6. I, keeper of the animals at the place of destination/Official Veterinarian, hereby declare that I have checked this consignment of animals. According to my knowledge, at the time of the check the above-mentioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any non-compliance there may be and each time dead animals are discovered.

7. Signature of the Keeper/Official Veterinarian at the place of destination/~~exit point~~ (with official stamp)

[Redacted Signature]

The KEEPER at the Place of Destination/OFFICIAL VETERINARIAN at an exit point is required to retain the journey log (excluding section 4) for three years

Section 4 – Declaration by Transporter



To be completed in BLOCK letters DURING the course of the journey by the person(s) in charge of the animals

Actual Journey Itinerary

1. Place of departure (full postal address) <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Postcode: 		2. Destination (full postal address) <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Postcode: France					
3. Departure – date and time 21-9-15 19 ⁰⁰		4. Arrival – date and time 22-9-15 22 00		5. Total journey duration (hours) 29 hrs			
6. Air or Sea Stage details							
6.1 Shipping Company/Airline Joline		6.2 Port/Airport of Departure Hamsgate		6.3 Departure time 0500			
		6.4 Port/Airport of arrival Coleraine		6.5 Arrival time 12 00			
7.1 Full postal address, including postcode, of each rest, transfer and exit point.		7.2 Arrival		7.3 Departure		7.4 Length of stop (hours)	7.5 Stamp and Signature of control post operator/ veterinarian authorised by the competent authority (if relevant)
		Date	Time	Date	Time		
Joline		22/9	06 ⁰⁰	12 ⁰⁰	6hrs	<div style="background-color: black; width: 100%; height: 30px;"></div>	
8. Reason for any difference between actual and proposed itinerary/other observations Straight to destination in animals interest							
9. Number and reason for animal injuries and/or deaths during the journey							
10. Driver's name, signature and certificate of competence reference (if multiple drivers all should complete this section)							
<div style="background-color: black; width: 100%; height: 40px;"></div>							
11. As the transporter, I hereby certify that the information above are correct and I am aware that any incident during the journey that leads to animals death must be declared to the competent authority of the place of departure.							
12. Transporter's name, signature and authorisation reference (if multiple transporters all should complete this section)							
<div style="background-color: black; width: 100%; height: 40px;"></div>							
THE COMPLETED LOG (ALL SECTIONS) IS REQUIRED TO BE RETURNED TO THE HEALTH AND VETERINARY LABORATORIES AGENCY OFFICE FOR THE AREA IN WHICH JOURNEY BEGAN WITHIN 1 MONTH OF COMPLETION OF THE JOURNEY							



BN XH 63

Ma-clay

Council Regulation EC No 1/2005 on the protection of animals during transport. JOURNEY LOG		Animal Health office address Centre for International Trade Hadrian House, Wavell Drive Carlisle CA1 2TB		 JL9684					
During the journey the consignment of animals MUST be accompanied by THIS journey log									
BEFORE THE JOURNEY									
1.1 Organiser's name and full postal address: [Redacted] Postcode: [Redacted]		1.2 Name of person in charge of the journey [Redacted]							
		1.3 Telephone (incl. STD code) [Redacted]		Fax: (incl. STD code) [Redacted]					
		1.4 Organiser's Transporter Authorisation Reference (if applicable): [Redacted]							
2. Total expected journey duration (hours) 19 hours									
3.1 Place of departure (full postal address) [Redacted] Postcode: [Redacted]			4.1 Destination (full postal address) [Redacted] France. Postcode: [Redacted]						
3.2 Departure - date and time 21/09/2015 01:00hrs.			4.2 Arrival - date and time 21/09/2015 20:00hrs.						
5.1 Species (tick relevant boxes) <input type="checkbox"/> Pigs <input checked="" type="checkbox"/> Sheep <input type="checkbox"/> Cattle <input type="checkbox"/> Goats <input type="checkbox"/> Horses <input type="checkbox"/> Ponies <input checked="" type="checkbox"/> Weaned <input type="checkbox"/> Un-weaned Approximate Age (if not adult) 9 months		5.2 Number of animals 550 5.4. Estimated Weight of animals (kg) 18800 kg. 5.6. Total Space for animals (m ²) 110.		5.3. Purpose of export <input type="checkbox"/> Breeding <input checked="" type="checkbox"/> Production/Slaughter <input type="checkbox"/> Other If other please describe:					
JOURNEY LOG									
Calais Port, France.		21/09/2015	14:00	21/09/2015	15:00	1 Hour.	[Redacted]		
Shipping Company/Airline		Port/Airport of Departure		Departure time		Port/Airport of arrival		Arrival time	
M.V. Joline.		Ramegate.		09:00 hours.		Calais		13:00 hours.	
7.1, the organiser, hereby declare that I am responsible for the organisation of the abovementioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation (EC) No 1/2005. I have confirmed that the transporters named in this [Redacted] each hold an over-8 hour long journey Transporter [Redacted]				Animal Health office stamp (Office use only) 					
8. Organiser's signature: [Redacted]				Health Certificate(s) reference(s) INTRA.GB.2015.0021966.					
Date		Organiser's Journey Log Reference							
17/09/2015		[Redacted]							
Please submit this form to: Welfare in Transport, Specialist Service Centre - Exports, Hadrian House, Wavell Drive, Rosehill Industrial Estate, Carlisle CA1 2TB									


Section 2 – Place of Departure

To be completed in BLOCK letters by the KEEPER at the place of Departure

1. Name and full postal address of the keeper at the place of departure:  Postcode:	2. Full postal address of the place of departure: 
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3. Date and Time of first animal loading 21/09/15 17:00hrs	4. Number of animals loaded 445436	5. Registration and Vehicle Approval Certificate reference BN-XH 63 OD-39-D1
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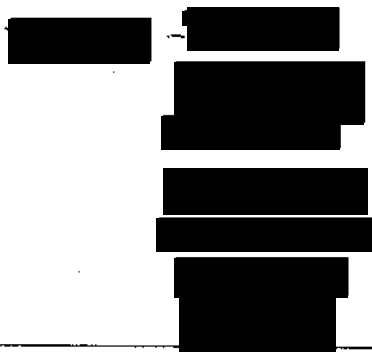
6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No. 1/2005 on the protection of animals during transport and related operations.

7. Signature of the keeper at the place of departure:  Date: 21/9/15

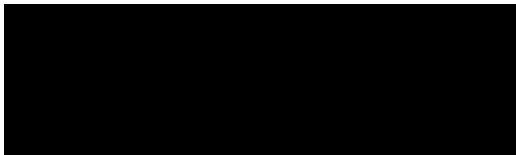

8. Additional Checks by an Official Veterinarian/Inspector

9. Name and full address of Veterinarian/Inspector:

Postcode: 

Comments
7 animals rejected (same) UK 

10. I hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No. 1/2005.

11. Signature of Inspector:  Date:	
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Section 3 - Place of Destination

To be completed in BLOCK letters by either the KEEPER at the Place of Destination or the OFFICIAL VETERINARIAN at an EU exit point

1. Name and Full Address of the Keeper/Official Veterinarian at the place of destination/exit point.

[Redacted Name and Address]

Postcode: [Redacted]

2. Place and Member State of Destination/Checking Point

[Redacted Place and Member State]

3. Date and Time of Check

Date

22-9-15

Time

18⁰⁰

4. Checks Performed

5. Outcome of the Checks

5.1 Compliance

5.2 Non-Compliance

4.1 Transporter:

[Redacted]



Authorisation reference

[Redacted]

4.2 Driver:

[Redacted]



Certificate of Competence reference

4.3 Registration of Vehicle:

od 3y ad



Vehicle Approval Certificate reference

[Redacted]

4.4 Average space allowance per animal (m²)

100/436



4.5 Journey log records and journey time limits

OK



If any non-compliance boxes are ticked Section 5 - Anomaly report must be completed

4.6 Animals

Total Checked

Unfit (U)

Dead (D)

Fit (F)

436

-

-

436

6. I, keeper of the animals at the place of destination/Official Veterinarian, hereby declare that I have checked this consignment of animals. According to my knowledge, at the time of the check the above-mentioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any non-compliance there may be and each time dead animals are discovered.

7. Signature of the Keeper/Official Veterinarian at the place of destination / exit point (with official stamp)

[Redacted Signature]

The KEEPER at the Place of Destination/OFFICIAL VETERINARIAN at an exit point is required to retain the journey log (excluding section 4) for three years

Section 4 – Declaration by Transporter

To be completed in BLOCK letters DURING the course of the journey by the person(s) in charge of the animals

Actual Journey Itinerary

1. Place of departure (full postal address) <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Postcode:	2. Destination (full postal address) <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Postcode:
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3. Departure – date and time <i>21-9-15 18⁰⁰</i>	4. Arrival – date and time <i>22/9/15 17³⁰</i>	5. Total journey duration (hours) <i>23 1/2 hrs.</i>
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6. Air or Sea Stage details						
6.1 Shipping Company/Airline	6.2 Port/Airport of Departure	6.3 Departure time	6.4 Port/Airport of arrival	6.5 Arrival time		
<i>Joline</i>	<i>Dramsgaard</i>	<i>06.00</i>	<i>Calais</i>	<i>12.00</i>		
7.1 Full postal address, including postcode, of each rest, transfer and exit point	7.2 Arrival		7.3 Departure		7.4 Length of stop (hours)	7.5 Stamp and Signature of control post operator/ veterinarian authorised by the competent authority (if relevant)
	Date	Time	Date	Time		
<i>Joline</i>	<i>22/9</i>	<i>6</i>	<i>22/9</i>	<i>12</i>	<i>5 hrs</i>	<div style="background-color: black; width: 100%; height: 40px;"></div>

8. Reason for any difference between actual and proposed itinerary/other observations

9. Number and reason for animal injuries and/or deaths during the journey

10. Driver's name, signature and certificate of competence reference (if multiple drivers all should complete this section)

→ *calais*



calais → *definitive*

11. As the transporter, I hereby certify that the entries above are correct and I am aware that any incident during the journey that leads to animals death must be declared to the competent authority of the place of departure.

12. Transporter's name, signature and authorisation reference (if multiple transporters all should complete this section)

A COMPLETED LOG (ALL SECTIONS) IS REQUIRED TO BE RETURNED TO THE VETERINARY LABORATORIES AGENCY OFFICE FOR THE AREA IN WHICH THE JOURNEY BEGAN WITHIN 1 MONTH OF COMPLETION OF THE JOURNEY

Ma clay

Council Regulation EC No 1/2005 on the protection of animals during transport. JOURNEY LOG		Animal Health office address Centre for International Trade Wavell Drive Carlisle CA1 2TB		 animalhealth JL9690																															
During the journey the consignment of animals MUST be accompanied by THIS journey log																																			
1.1 Organiser's name and full postal address: [Redacted]		1.2 Name of person in charge of the journey: [Redacted]																																	
Postcode: [Redacted]		1.3 Telephone (incl. STD code): [Redacted]		Fax: (incl. STD code): [Redacted]																															
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<table border="1"> <thead> <tr> <th>Origin</th> <th>Departure date</th> <th>Departure time</th> <th>Arrival date</th> <th>Arrival time</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>Calais Port, France.</td> <td>21/09/2015</td> <td>14:00</td> <td>21/09/2015</td> <td>15:00</td> <td>1 Hour.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Origin	Departure date	Departure time	Arrival date	Arrival time	Duration	Calais Port, France.	21/09/2015	14:00	21/09/2015	15:00	1 Hour.																		
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Calais Port, France.	21/09/2015	14:00	21/09/2015	15:00	1 Hour.																														
Shipping Company/Airline M.V. Joline.		Port/Airport of Departure Ramsgate.		Port/Airport of arrival Calais																															
		Departure time 09:00 hours.		Arrival time 13:00 hours.																															
7. I, the organiser, hereby declare that I am responsible for the organisation of the abovementioned journey and I have made suitable arrangements to safeguard the welfare of the animals throughout the journey in accordance with the provisions of Council Regulation (EC) No 1/2005. I have confirmed that the transporters named in this hold an over 8 hour long Journey Transporter Authorisation.			Animal Health office stamp (Office use only) 																																
8. Organiser's signature: [Redacted]			Health Certificate(s) references INTRA.GB.2015.0021951.																																
Date 17/09/2015		Organiser's Journey Log Reference [Redacted]																																	
Please submit this form to: Welfare in Transport, Specialist Service Centre - Exports, Hadrian House, Wavell Drive, Roskill Industrial Estate, Carlisle CA1 2TB																																			

Section 2 – Place of Departure

To be completed in BLOCK letters by the KEEPER at the place of Departure

1. Name and full postal address of the keeper at the place of departure: [REDACTED] Postcode: [REDACTED]		2. Full postal address of the place of departure: [REDACTED] Postcode: [REDACTED]	
3. Date and Time of first animal loading 21/09/15 16:30	4. Number of animals loaded 450	5. Registration and Vehicle Approval Certificate reference KX11 AY6 OK16 YN [REDACTED]	

6. I, the keeper of the animals at the place of departure, hereby declare that I have been present at the loading of the animals. According to my knowledge, at the time of loading the above mentioned animals were fit for transport and the facilities and procedures for handling the animals were in accordance with the provisions of Regulation (EC) No. 1/2005 on the protection of animals during transport and related operations.


7. Signature of the keeper at the place of departure: [REDACTED] Date: 21-9-15

8. Additional Checks by an Official Veterinarian/Inspector

9. Name and full address of Veterinarian/Inspector:
[REDACTED]
Postcode: [REDACTED]

Comments: 2 LAMBS REJECTED DUE LAMENESS PROBLEMS
EARTAG NO [REDACTED] / [REDACTED]

10. I hereby declare that I have checked and approved the loading of the animals mentioned above. According to my knowledge, at the time of departure, the animals were fit for transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No. 1/2005.

11. Signature of Inspector: [REDACTED] Date: 21/09/15	Official Stamp 
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Section 3 - Place of Destination

To be completed in BLOCK letters by either the KEEPER at the Place of Destination or the OFFICIAL VETERINARIAN at an EU exit point

1. Name and Full Address of the Keeper/Official Veterinarian at the place of destination/exit point. <div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Postcode: <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div>	2. Place and Member State of Destination/Checking Point <div style="background-color: black; width: 100%; height: 40px; margin-top: 20px;"></div>
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3. Date and Time of Check	
Date: 22/9/15	Time: 19.30

4. Checks Performed	5. Outcome of the Checks	
	5.1 Compliance	5.2 Non-Compliance
4.1 Transporter: <div style="background-color: black; width: 100%; height: 15px;"></div> Authorisation reference: <div style="background-color: black; width: 100%; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 Driver: <div style="background-color: black; width: 100%; height: 15px;"></div> Certificate of Competence: <div style="background-color: black; width: 100%; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3 Registration of Vehicle: 08 reg JS Vehicle Approval Certificate reference: <div style="background-color: black; width: 100%; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4 Average space allowance per animal (m ²): 100/450	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5 Journey log records and journey time limits: OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If any non-compliance boxes are ticked Section 5 - Anomaly report must be completed

4.6 Animals			
Total Checked	Unfit (U)	Dead (D)	Fit (F)
450	-	-	450

6. I, keeper of the animals at the place of destination/Official Veterinarian, hereby declare that I have checked this consignment of animals. According to my knowledge, at the time of the check the above-mentioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any non-compliance there may be and each time dead animals are discovered.

7. Signature of the Keeper/Official Veterinarian at the place of destination / exit point (with official stamp)

The KEEPER at the Place of Destination/OFFICIAL VETERINARIAN at an exit point is required to retain the journey log (excluding section 4) for three years

Section 4 – Declaration by Transporter

To be completed in BLOCK letters DURING the course of the journey by the person(s) in charge of the animals

Actual Journey Itinerary

1. Place of departure (full postal address) [Redacted] Postcode [Redacted]	2. Destination (full postal address) [Redacted] <i>902</i> Postcode [Redacted]
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3. Departure – date and time <i>21/9/15 17.30</i>	4. Arrival – date and time <i>22/9/15 18.30</i>	5. Total journey duration (hours) <i>25 hrs</i>
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6. Air or Sea Stage details				
6.1 Shipping Company name <i>Joline</i>	6.2 Port/Airport of Departure <i>Hamsgate</i>	6.3 Departure time <i>05.00</i>	6.4 Port/Airport of arrival <i>Calcutta</i>	6.5 Arrival time <i>18.00</i>

7.1 Full postal address, including postcode, of each rest, transfer and exit point	7.2 Arrival		7.3 Departure		7.4 Length of stop (hours)	7.5 Stamp and Signature of control post operator/ veterinarian authorised by the competent authority (if relevant)
	Date	Time	Date	Time		
<i>Joline</i>	<i>21/9</i>	<i>6</i>	<i>21/9</i>	<i>12</i>	<i>5 hrs</i>	[Redacted]

8. Reason for any difference between actual and proposed itinerary/other observations

9. Number and reason for animal injuries and/or deaths during the journey

10. Driver's name, signature and certificate of competence reference (if multiple drivers all should complete this section)

[Redacted] → *Hamsgate*

[Redacted] → *Calcutta → destination*

11. I hereby certify that the entries above are correct and I am aware that any incident during the journey that leads to animals death must be declared to the competent authority of the place of departure.

12. Transporter's name, signature and authorisation reference (if multiple transporters all should complete this section)

[Redacted]

COMPLETED LOG (ALL SECTIONS) IS REQUIRED TO BE RETURNED TO THE AND VETERINARY LABORATORIES AGENCY OFFICE FOR THE AREA IN WHICH JOURNEY BEGAN WITHIN 1 MONTH OF COMPLETION OF THE JOURNEY

Section 5 – Anomaly Report

This section is for recording any non-compliance found during the transport. Use BLOCK letters. Once completed a copy should be sent to the AHVLA office at the address at Section 1

1. Name, Title and Full Postal Address of person making the report: Postcode:	1.1 Name of Transporter 1.2 Transporter's Authorisation Reference 1.3 Organiser's reference for this journey log (from Section 1 of the form)
2. Place and Member State where non-compliance was observed	3. Date and Time when non-compliance was observed

4. Non-compliance (s) with Council Regulation No 1/2005 observed

	Tick		Tick
4.1 Fitness for Transport	<input type="checkbox"/>	4.6 Space Allowances	<input type="checkbox"/>
4.2 Means of Transport	<input type="checkbox"/>	4.7 Transporter's authorisation	<input type="checkbox"/>
4.3 Transport Practices	<input type="checkbox"/>	4.8 Driver Certificate of Competence	<input type="checkbox"/>
4.4 Journey Time Limits	<input type="checkbox"/>	4.9 Journey Log Records	<input type="checkbox"/>
4.5 Additional Provisions for Long Journeys	<input type="checkbox"/>	4.10 Other	<input type="checkbox"/>

4.11. Remarks

5. I hereby declare that I have checked the consignment of the above mentioned animals and have observed the non-compliances with Council Regulation No. 1/2005 on the protection of animals during transport and related operations detailed in this report.

6. Date and Time:	7. Signature of the declarant:
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