

Animal and Plant Health Agency Access to Information Team Weybourne Building Ground Floor Woodham Lane New Haw Addlestone Surrey KT15 3NB F 01932 357608

www.gov.uk/apha

Our Ref: ATIC1199

17 November 2017

Dear

#### PROVISION OF REQUESTED INFORMATION

Thank you for your request for information about a live animal export which we received on 13 November 2017. Your request has been handled under the Freedom of Information Act 2000.

The information you requested and our response is detailed below:

"I am requesting under an FOI Request the following Information on Live animal shipments from the UK . via Ramsgate Port

1. 1. The completed and returned Journey Logs for the following Livestock

Transporters for Thursday 31 August 2017

A Tractor BT-JD-75 Trailer OK-16-YN
B Tractor BN-GV-01 Trailer OD-39-DD
C Tractor BN-XH-63 Trailer OB-29-JS
D Tractor BZ-HX-63 Trailer OF-68 -RN
E. Tractor 24-BFZ-7 Trailer ON-70-VT"

Please see Appendices 1 to 5 for all returned Journey Logs for the listed vehicles above.

Information has been redacted under Section 38, Section 40(2), read in conjunction with 40(3)(a)(i) of the Freedom of Information Act (2000).

### Section 38

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.

The exemption in Section 38 is subject to a Public Interest Test to ensure it is being appropriately applied.

### **Public Interest Test**

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 addresses, including the county of origin, the 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

Some of the information contained within the requested documents have been withheld under section 40(2), read in conjunction with 40(3)(a)(i) (third party personal data), of the FOIA as the information constitutes personal data relating to a third party. Section 40(2), read in conjunction with 40(3)(a)(i), 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 of the FOIA.

Information disclosed in response to this FOI request is releasable to the public. In keeping with the spirit and effect of the FOIA and the government's Transparency

Agenda, this letter and the information disclosed to you may be placed on GOV.UK, together with any related information that will provide a key to its wider context. No information identifying you will be placed on the GOV.UK website.

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 for the purposes of news reporting. 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

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.

#### 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 <a href="mailto:enquiries@apha.gsi.gov.uk">enquiries@apha.gsi.gov.uk</a> 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

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þ	ouncil Regulation rotection of anim JOURN	ansport.		_ '	office address fo and returns of Jou Welfare in Transp entre for Internati	mey Logs out Team	Animal &			
ai	Ouring the journey nimals MUST be a journ	ccompanied ey log	by THIS	3		Eden Bridge House Lowther Street Cartiale CA3 8DX				
		3.87		H P						
1.1	Organiser's Name a	nd address (*)(*	P)	West of the Column	1.2	Name of the	person in char	ge of the journey		
					1.3	Telephone/F	ax			
2	Total expected durat	ion (hours/day	s) 22 hou	ts,	-					
3.1	.1 Place and country of departure				4.1	Place and co	ountry of destin	ation		
	MI			-			Franc	e.		
3.2	Date 30/08/2017	3.3 Time	23:00		4.2	Date 31/08/2	017 4.3	Time 21:00		
5.1	Species Ovines	450	ber of anic	nals	6.3		ortificate(s) num 017,0024854.	nber(s)		
	Veaned YES. Estimated total weight 15800 kgs	Unweane of the consig		kg):	5.5	Total space p	provided for the	consignment (in m²)		
3.1	List of scheduled res Name of the place w	ting, transfer o					147 9			
	are to be rested, or to	ansferred	6.2 A	Time		5.3 Length (in hours)	author	oorter's name and isation No (if different ne organiser)		
	(motoding exit points		31/08/	06:00		Hour Mid Journey Break	WORT U	ie organiser)		
Rame	sgate Port		31/08/ 2017	08:00	2	1		≥r		
Calai	s Port France		31/08/ 2017	12:00	1	ı.				
					7					
					1					
7.	I, the organiser, here responsible for the o	by declare tha	t I am		1		Official stan	np		
	abovernentioned jour arrangements to safe animals throughout to the provisions of Cou- 1/2005	rney and I have eguard the wel he journey in a	made su lare of the ccordance	with			18			

8. Signature of JL 12187

Organiser: see definition in Article 2(q) of Council Regulation (EC) No 1/2005 if the organiser is a transporter the authorisation number shall be specified.

	Section 2: Place of Departure
1.	Keeper at the place of departure – Name and address (if different from the organiser mentioned in section (1)(*):
2.	Place and Member State of departure (b):
3.	Date and time of first animal loading (b):  Ol. 15  312/10 7 - 13 150 - 25  Ol. 16 //
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:
8.	Additional checks at departure:
9.	Veterinarian at the place of departure (name and address):
10.	I, Veterinarian, 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 means of transport and the transport practices were in accordance with the provisions of Council Regulation (EC) No 1/2005.
11.	Signature of the Veterinarian:
(")	Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005

If different from Section 1.

	Section	3: Place of Des	stination		
1.	Keeper at the place of destination/Official \	reterinerian – Na	ame and add	ress (*):	
2.	Place and Member State of destination/Chr	r <del>ekim noist</del> ( <sup>a</sup> ).	3.		ne of the check:
4.	Checks Performed:		5.	Outcome o	f the checks
			С	5.1. OMPLIANCE	5.2. RESER-VATION(S)
4.1	Authorisation number (b)				
4.2	Driver  Number of the commence or competence				
4.3	Means of transport Camiral  Identification (°) OW 16 VM				
4.4	Space allowances 105  Average space/animal in m <sup>2</sup>				П
4.5	Journey log records and journey time limits	105			
4.6	Animals (specify the number for each categ	OV.		4	
	Total checked U Unfit		D Dead		F Fit
6. 7.	I, the keeper of the animals at the place of checked this consignment of animals. According abovementioned findings were recorded. I a soon as possible of any reservation there may be signature of the <b>keeper</b> at the place of destalling the sound in th	rding my knowle am aware that th aay be and each	edge, at the ti ne competent time dead ar	me of the check authorities mus nimals are disco	the st be informed as overed.
(*) (*) (*)	Delete as appropriate. If different from Section 1. If different from Section 2.				

To be completed by the driver during the course of the lowrest and to be aver-			S V=			
To be completed by the driver during the course of the journey and to be availarrival at the place of destination.	liable to the	compete	nt author	nties of the	e place of departure	e within one month of the date of
Actual itinerary –	resting, t	ransfer o	r exit po	ints		
Place and address	Ar	rival	Dep	arture		
Tidos and address	Date	Time	Date	Time	Length of stop	Reason
	31/8	0705		odoc	م لرد،	Rest 1 Cm
		000	a	7		ı
Jerig tham signe - Dunkerque	3118	10	1/9	0115	61/4	Hust / lewler
Reason for any difference between actual and proposed itinerary/other observables of the service	vations:				to	Date and time of arrival at the place of destination:
Number and reason for animal injuries and/or deaths during the journey: W	<u> </u>	to Co		et	journey	1-9-2017 08
Second diposes added to g	ما م	ut !	sta al	MINI		
DRIVER(S)'s name and signature:	) (X0	Transpo	rter's na	ime, autho	orisation number:	
As the transporter, I hereby certify that the entries above are correct and declared to the competent authorities of the place of departure.	I am awar	e that an	y incide	nt during	the jou	eaus to ainmai s death must be
Date and place:						

WIT07 (Rev. 03/16)

OFFICIAL-SENSITIVE

## Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1.	DECLARANT'S name, title and address:			4	
2.	Place and Member State where the anomaly was observed:		3.	Date and time when the anomaly wa observed:	is
		ā			
4.	Type of anomaly (ies) pursuant to Council Regulat	tion (E	C) No 1	/2005:	
4.1.	Fitness for transport (1)		4.6.	Space allowances ( <sup>6</sup> )	
4.2.	Means of transport (2)		4.7.	Transporter's authorisation ( <sup>7</sup> )	
4.3.	Transport practices (3)		4.8.	Driver certificate of competence (8)	
4.4.	Journey time limits (4)		4.9.	Journey log records	
4.5.	Additional provisions for long journeys (5)		4.10.	Other	
4.11.	Remarks:				
5.	I hereby declare that I have checked the consignment the reservations detailed in this report concerning No 1/2005 on the protection of animals during transports.	compli	ance w	ith the provisions of Council Regulatio	ssed n (EC)
6.	Date and time of the declaration to competent authority:		7.	Signature of the declarant:	
	addionly.				
(¹) (²) (³) (⁴) (5) (6) (′) (″)	Annex I, Chapter I and Chapter VI, paragraph 1.9. Annex I, Chapters II and IV. Annex I, Chapter III. Annex I, Chapter V. Annex I, Chapter VI. Annex I, Chapter VII. Article 6. Article 6(5).				

F	During the journe animals MUST be	nals during NEY LOG v the consid	mment o	rt.	and	eltare in Trans tre for Internal Eden Bridge Lowther St Carliste	port Team lonal Trade House reet	Animal & Plant Health Agency
				oction	Centre for international Trade Eden Bridge House Lowther Street Carlisle CA3 8DX  Planning  1.2 Name of the person in charge of the  1.3 Telephone/Fax  4.1 Place and country of destination  1.2 Date 31/08/2017  4.2 Date 31/08/2017  4.3 Time 2  5.3 Veterinary certificate(s) number(s) INTRA.GB.2017.0024876.  5.5 Total space provided for the consigning 100  6.3 Length (in hours) 6.4 Transporter's nation authorisation Noticem the organise from the organise			
1.1	Organiser's Name a	and address (*)	(b)	ALL THE PLANE	1.2	Name of the	person in char	ge of the Journey
1								1
0	-	V			1.3	Telephone/F	ах	- 1
3,1	Total expected dure Place and country of	tion (hours/day f departure	/s) 16 ho	urs.	1.44	Dines and a	adorr now	V
					4.1	riace and co	untry of destin	ation
3.2	Date 31/08/2017	3.3 . Time	04:00		4.2	Date 31/08/2		Time 21,00
5.1	Species							
	Ovines	5.2. Num 450	ber of ani	mals	5.3	eterinary ce	rtificate(s) num	ber(s)
5.4	Weaned YES. Estimated total weight 15800 kgs	Unweane at of the consig	d [] nment (in	kg):	5.5	otal space p	A 10 44 C 344 C 34	consignment (in m²):
6.1	List of scheduled resi	ting, transfer of	exit point	ts:		-		
0.1	Name of the place whare to be rested, or to	ansferred	-	rrival	(in hours)			
Ram	(including exit points)		Date 31/08/	Time			from the organiser)	
-			2017	08:00	1			
Cala	is Port, Calais, France.		2017	13:00	1		Mid Journey E	Break
			-		4			
						- i		
_					1	-		
_								
					+			

R	Signature		APHA Journey Log Reference	
0.	Olgitatalo	275 12 11	JL12185	
-00	2		176,100,100	17

Organiser: see definition in Article 2(q) of Council Regulation (EC) No 1/2005 if the organiser is a transporter the authorisation number shall be specified.

		Section 2: Place of Departure	
1.	(1)( <sup>a</sup> ):	e – Name and address (if different from t	he organiser mentioned in section
2.	Place and Member State of dep	OPERATOR PROPERTY OF THE PROPE	
3.	Date and time of first animal loading (b):	4. Number of animals loaded (°):	Identification of the means of transport:
1	2:00 31/08/17	377	00-39-00
6.	of the animals. According to my	he place of departure, hereby declare that knowledge, at the time of loading the abbrocedures for handling the animals were animals during transport	pove mentioned animals were fit for e in accordance with the provisions of
7.	Signature of the keeper		
8.	Additional checks at departure.		
9.	Vete		
10.		the time of departure, the animals were fortices were in accordance with the provis	
11.	Signature of the		
(a) (b)	Keeper: see If different fro	of Council Regulation (EC) No 1/2005	

		Section 3: Pla	ace of Destination		
1	Keener at the place of dee	tination/ <del>Official Veterii</del>	<del>narian – N</del> ame and	address (²):	
2.	Place and Member State	of destination/Checking	noint (a).	3. Date and ti	me of the check:
				1-9-1.	7 10
4	Спескѕ Репогтед:			5. Outcome o	of the checks
				5 1, COMPLIANCE	5.2. RESER-VATION(S
4.1	Transporter				
	Authorisation number (8)			<b>3</b>	
42	Driver				
	Number of the certificate of	of competence		<b>3</b>	
4 3	Means of transport	veilen			
	Identification (°) Och	3a dd		<b>2</b>	
4 4	Space allowances	oo mi			
	Average space/animal in n	n2 377/1	00 m?		
4.5	Journey log records and jo	urney time limits	00 m²		
4 6	Animals (specify the numb	er for each category)			
	Total checked	U Unfit	D Dea	ad	F Fit
	377	<del>-</del>	1		377
6.	I, the keeper of the animals checked this consignment abovementioned findings vectors as possible of any research.	of animals. According i vere recorded. I am aw	my knowledge, at t /are that the compe	he time of the chec etent authorities mu	k the // st be informed as
7.	Signature of the <b>keeper</b> at	the place of destination	n/Official Veterina	with official st	amp):
(a) (b) (c)	Delete as appropriate. If different from Section If different from Section				
( <sup>a</sup> ) ( <sup>b</sup> ) ( <sup>c</sup> )	Delete as appropriate. If different from Section				

Section 4: Declaration	by	the	Transporter
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To be completed by the driver during the course of the journey and to be available to the competent authorities of the place of departure within one month of the date of arrival at the place of destination.

Actual itinerary	- resting, to	ransfer o	r exit po	ints		
Disease and a disease	Arr	Arrival Departure				
Place and address	Date	Time	Date	Time	Length of stop	Reason
ferry Johne	311					
Vamagale - Dunherque		100	1/9/	01-	5 lus	Rest/Ceru
			y'(			
	170					
ason for any difference between actual and proposed library/other obse		Soul	led	to		Date and time of arrival at the place of destination:
imper and reason for animal injuries and/or deaths during the journey:	s w	2/2	clas	ed		1-9-17/7:15
do w		as	cla	le		
IVERISE's name and signature:					risation number:	

As the transporter, I hereby certify that the entries above are correct and I am aware that any incident during the journey that declared to the competent authorities of the place of departure.

Date and place:

## Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1.	DECLARANT'S name, title and address:				
2.	Place and Member State where the anomaly wa observed:	is	3.	Date and time when the anomaly wa observed:	as
4.	Type of anomaly (ies) pursuant to Council Regu	lation (E	C) No 1	/2005:	
4.1,	Fitness for transport (¹)		4.6.	Space allowances ( <sup>8</sup> )	
4.2.	Means of transport (²)		4.7.	Transporter's authorisation $(^{7})$	
4.3.	Transport practices (³)		4.8	Driver certificate of competence (6)	
4.4.	Journey time limits (4)		4.9	Journey log records	
4.5.	Additional provisions for long journeys (5)		4.10.	Other	
4.11.	Remarks:  I hereby declare that I have checked the consign	nment of	the abo	ovementioned animals and have expre	essed
	the reservations detailed in this report concernin No 1/2005 on the protection of animals during tra	g compl	iance w	ith the provisions of Council Regulatio	n (EC)
6.	Date and time of the declaration to competent authority:			Signature of the declarant:	
(1) (2) (3) (4) (5) (5) (7)	Annex I, Chapter I and Chapter VI, paragraph 1 9. Annex I, Chapters II and IV Annex I, Chapter III. Annex I, Chapter V. Annex I, Chapter VI. Annex I, Chapter VII Article 6. Article 6(5).				

Council Regulation EC No. 1/2005 on the protection of animals during transport. JOURNEY LOG

During the journey the consignment of animals MUST be accompanied by THIS journey log

APHA office address for submissions and returns of Journey Logs

> Welfare in Transport Team Centre for International Trade Eden Bridge House Lowther Street Carlisle CA3 8DX



Plant Health Agency

						amus as a	J.	
1.1 Organiser's Name and address (*)				1.	2 Name of the p	erson i	in charge of the journey	
-					1.	3 Telephone/Fa	Y	
2	Total expected duration	on (hours/days	) 17 hour	°S.				
3.1	Place and country of	departure		11	4.	1 Place and cou	intry of	rance.
3.2	, Date 31/08/2017	3.3 Time	04:00		4.2 Date 31/08/2017 4.3 Time 2			4.3 Time 21:00
5.1	Species Ovines	450	er of anir	nals	5.3 Veterinary certificate(s) number(s) INTRA.GB.2017.0024871.			
5.4	Weaned YES.☐ Estimated total weigh 15800 kgs	Unweaned t of the consign		kg):	5,	5 Total space p 100	rovided	for the consignment (in m²):
6	List of scheduled rest	ing, transfer or		\$;				
6.1	Name of the place whare to be rested, or tra (including exit points)	ansferred	6.2 A	rrival Time		6.3 Length (in hours)		Transporter's name and authorisation No (if different from the organiser)
Ran	nsgate Port.		31/08/ 2017	08:00	0	1		
Cala	ais Port, Calais, France.		31/08/ 2017	13:00	)	1	Mid J	ourney Break
	- is							
		16		•		1000		VETER
7.	I, the organiser, hereif responsible for the or abovementioned jour arrangements to safe animals throughout the the provisions of Cou 1/2005	ganisation of the ney and I have guard the welfor ne journey in ac	ne made su are of the ccordance	with		JL		al stamp

Organiser: see definition in Article 2(q) of Council Regulation (EC) No 1/2005 if the organiser is a transporter the authorisation number shall be specified.

	4	Section 2: Place of Departure	
1.	Keeper at the place of departure (1)(a):	re – Name and address (if different from	the organiser mentioned in section
2.	Place and Member State of dep	parture (°):	
3.	Date and time of first animal loading (b):	4. Number of animals loaded (b):	5. Identification of the means of transport:
6.	or the animals. According to my transport and the facilities and t	he place of departure, hereby declare the knowledge, at the time of loading the all procedures for handling the animals were the protection of an hals during transpor	oove mentioned animals were fit for
7.	Signature of the	The second secon	t and related operations.
8.	Additional checks at departure		
9.	Veterinarian at the place of dep	arture (name and address).	
10.	I, Veterina According to my knowledge, at transport and the transport pract 1/2005.	the time of departure, the animals were f tices were in accordance with the provis	it for transport and the means of ions of Council Regulation (EC) No
11.	Signature of the Veterinarian		4
(°) (°)	Keeper: see de	<u> </u>	

		of destination/Official Veter	inarian - Name ar	nd address (*):	
	FIRCE AND MARRIES O		<del>(*)</del> :		me of the check:
				5. Outcome o	of the checks
4	1 Transporter			5.1. COMPLIANCE	5.2. RESER-VATION(S
4.	Authorisation number (	-)		<b>@</b>	
3.1	Number of the certificate	e of competence		<b>D</b>	
4.3	· Identification	Traile		•	П
1.4		3 29 A	5	Ø :	
.5	Average space/animal in Journey log records and	1 ~ [ ]	mz	7	
.6	Animals (specify the num	ber for each category	010	Œ.	
	Total checked	U Unfit	D Dead		
_					F.Fit
3	1378				
3.	I, the keeper of the animal checked this consignment abovementioned findings viscon as possible of	aware	that the same	THE WIND CONTRACTOR LINE	e /
	I, the keeper of the animal checked this consignment abovement abovement for the second secon	aware	that the same	THE WIND CONTRACTOR LINE	e /

o be completed by the driver during the course of the journey and to be available at the place of destination.  Actual itinerary					e place of departit	ire within one month of the date
· · · · · · · · · · · · · · · · · · ·	- resting, tr	ansfer o	r exit po	ints		
Place and address	Arr	ival		arture		
Parks V	Date	Time	Date	Time	Length of stop	Reason
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the control of the co	ations:					
ber and reason for animal injuries and/or deaths doi:	Calais	age	116	Sail	u	Date and time of arrival at the place of destination:
ber and reason for animal injuries and/or deaths during the journey:					sell,	// c/17 67
						1117 01
ER(S)'s name and signature	T-					1
	Tr	ansport	er's nam	o authori	- "	
red to the competent authorities of the place of departure.						

Section	5 -	Specimen	Anomaly	Report No.
	3	- bearing	Miloinary	vebour Mo.

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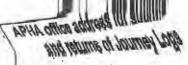
A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1.	DECLARANT'S name, title and address:				
				***	
2.	Place and Member State where the anomaly observed:	was	3.	Date and time when the anomaly observed.	/ was
4.	Type of anomaly (ies) pursuant to Council Reg	gulation (E	EC) No	1/2005:	
4.1.	Fitness for transport (1)		4.6.	Space allowances ( <sup>6</sup> )	
4.2.	Means of transport (²)		4.7.	Transporter's authorisation $(^{7})$	
4.3.	Transport practices (³)		4.8.	Driver certificate of competence (	g) [
4.4.	Journey time limits (⁴)		4.9.	Journey log records	
4.5. 4.11.	Additional provisions for long journeys (5)		4.10.	Other	
	Normana.			1.	
5.	I hereby declare that I have checked the consig the reservations detailed in this report concernir No 1/2005 on the protection of animals during to Date and time of the declaration.	nment of	the abo	vementioned animals and have exp th the provisions of Council Regulat	ressed ion (EC)
3.	Date and time of the declaration to competent authority:	ansport a	nd relat 7.	ed operations Signature of the declarant:	
) ) ) ) ) )	Annex I, Chapter I and Chapter VI, paragraph 1.9. Annex I, Chapter III. Annex I, Chapter III. Annex I, Chapter V. Annex I, Chapter VI. Annex I, Chapter VII. Article 6. Article 6(5).	,			

Council Regulation EC No. 1/2005 on the protection of animals during transport.

JOURNEY LOG

During the journey the consignment of animals MUST be accompanied by THIS journey log



Welfars in Transport Team Centre for International Trade Eden Bridge House Lowther Street Carlisle CA3 8DX



Name of the person in charge of the journey Organiser's Name and address (\*)(\*) Telephone/Fax 1.3 Total expected duration (hours/days) 16 hours. Place and country of destination Place and country of departure France. Date 24/08/2017 Time 15:00 Date 25/08/2017 4.3 Time 07:00 3.3 51/08/2017 5.1 Species Veterinary certificate(s) number(s) Number of animals 5.3 450 14499 INTRA.GB.2017.0024246. **Ovines** Weened YES. Unweaned Total space provided for the consignment (in m2): Estimated total weight of the consignment (in kg): 5,5 15800 kgs List of echeduled resting, transfer or exit points: Name of the place where animals 6.3 Length Transporter's name and 6.2 Arrival authorisation No (if different are to be rested, or transferred (In hours) Date Time from the organiser) (including exit points) 24/08/ Ramsgate Port. 20:00 1 2017 25/08/ 00:01 Mid Journey Break 1 Calais Port, Calais, France. 2017 Official stamp 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

JL12145

	Section 2: Place of Departure	
1.	Keeper at the place of departure - Name and add	section
2.	Place and Member State of departure (b);	
	Date and time of first animal  4. Number of animals loaded (b):  5. Identification of the me transport:	eans o
\(\frac{1}{2}\)	08.10 31(08/17 - 149 0F-68-RN)  I, the keeper of the animals at the place of departure bank.	
	I, the keeper of the animals at the place of departure, hereby declare that I have been present at the of the animals. According to my knowledge, at the time of loading the above mentioned animals were transport and the facilities and procedures for handling the animals were in accordance with the proving signature of the keeper at the place of departure.	loadin fit for isions
	Signature of the keeper at the place of departure:	
	Additional checks at departure;	
	Veterinarian at the place of departure (name and address):	
100	I, Veterinarian, hereby declare that I have checked and approved the loading of the animals mentioned According to my knowledge, at the time of departure, the animals were fit for transport and the means transport and the transport practices were in accordance with the provisions of Council Regulation (ECC).	d abov of
	Signature of the Veterinarian:	

	Section 3:	Place of Destinatio	n	
1_	Keeper at the place of destination/Official VSI	ermarian – Name an	d address ( <sup>a</sup> ):	
2.	Place and Member State of destination/Check	<del>ding po</del> int ( <sup>a</sup> ):	3. Date and ti	me of the check:
4	Officers Ferformed.		5. Outcome	of the checks
			5.1 COMPLIANCE	5 2. RESER-VATION(S)
4.1	Transporter  Authorisation number ( )		<b>E</b>	
4.2	Driver  Number of the certificate of competence		Ø	
4.3	Means of transport			
4.4	Space allowance  Average space/animal in m² Y y q q	- MA 3	樹	
4.5	Journey log records and journey time limits	ok o	Ø	
4.6	Animals (specify the number for each categor	y)	l'e-	
	Total checked U Unfit	D D	ead	F Fit
6_	I, the keeper of the animals at the place of deschecked this consignment of animals. According abovementioned findings were recorded. I am soon as possible of any reservation there may	ng my knowledge, a aware that the com be and each time d	t the time of the chec petent authorities mulead animals are disc	ck the ust be informed as covered.
7.	Signature of the keeper at the place of destination	ation/Official Veteri	with official s	tamp);
(a) (b) (c)	Delete as appropriate. If different from Section 1. If different from Section 2			

Section	4:	Declaration	by	the	Transporter
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To be completed by the driver during the course of the journey and to be available to the competent authorities of the place of departure within one month of the date of arrival at the place of destination. Actual itinerary - resting, transfer or exit points Arrival Departure Place and address Length of stop Date Time Reason Date Time 00 Reason for any difference between actual and proposed itinerary/other observations: Due to accident - departure clerafed, - Sailed to winner and reason for animal injuries and/or deaths during the journey. Date and time of arrival at the place of destination: DRIVER(SVe nome Fransporter's name, authorisation number: declared to the competent authorities of the place of departure. my incident during the journey that leads to Date and place: signature

# Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1.	DECLARANT'S name, title and address:				
2,	Place and Member State where the anomaly was observed:	as	3.	Date and time when the anomaly was observed:	as
4.	Type of anomaly (ies) pursuant to Council Regu	lation (E	EC) No	1/2005:	
4 1.	Fitness for transport (1)		4.6.	Space allowances ( <sup>6</sup> )	
4.2	Means of transport (²)		4.7.	Transporter's authorisation ( <sup>7</sup> )	
4.3.	Transport practices (³)		4.8.	Driver certificate of competence (8)	
4.4.	Journey time limits (4)		4.9.	Journey log records	
4.5.	Additional provisions for long journeys (⁵)		4.10	Other	
<b>4.11. 5.</b>	I hereby declare that I have checked the consign	ment of	the abo	ovementioned animals and have over	20004
	No 1/2005 on the protection of animals during tra	g compli ansport a	ance w	ith the provisions of Council Regulation ted operations	n (EC)
6.	Date and time of the declaration to competent authority:		7.	Signature of the declarant:	11
00000000000000000000000000000000000000	Annex I, Chapter I and Chapter VI, paragraph 1.9. Annex I, Chapters II and IV. Annex I, Chapter III Annex I, Chapter V. Annex I, Chapter VI. Annex I, Chapter VII. Article 6 Article 6(5)				

Council Regulation EC No. 1/2005 on the protection of animals during transport. JOURNEY LOG

During the journey the consignment of animals MUST be accompanied by THIS journey log APHA office address for submissions and returns of Journey Logs

> Welfare in Transport Team Centre for International Trade Eden Bridge House Lowther Street Carlisle CA3 8DX



Agency

Organiser's Name and address (\*V/n) Name of the person in charge of the journey 1.3 Telephone/Fax Total expected duration (hours/days) 16 hours. 3.1 Place and country of departure Place and country of destination 3.2 Date 24/08/2017 3.3 Time 15:00 Date 25/08/2017 Time 07:00 Calestrain 31/08/2017 Species 5.2. Number of animals Veterinary certificate(s) number(s) Ovines 450 INTRA.GB:2017.0024157. Weaned YES. Unweaned Estimated total weight of the consignment (in kg): Total space provided for the consignment (in m2): 15800 kgs List of scheduled resting, transfer or exit points: Name of the place where animals 6.3 Length 6.4 6.2 Arrival Transporter's name and are to be rested, or transferred (in hours) authorisation No (if different (Including exit points) Date Time from the organiser) 24/08/ Ramsgate Port. 20:00 1 2017 25/08/ Calais Port, Calais, France. 2017 00:01 1 Mid Journey Break I, the organiser, hereby declare that I am 7, Official stamp 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

JL12137

8.	Signature	W == 1 1/2	APHA Journey Log Reference	
			JL12137	

(e) Organisar: see definition in Article 2(q) of Council Regulation (EC) No 1/2005 if the organiser is a transporter the authorisation number shall be specified.

11 2		Sect	ion 2: Place of Departure		
1.	Keeper at the place of departure (1)(a):	e – Name	and address (if different from	the o	rganiser mentioned in section
2.	Place and Member State of department	arture (ʰ):			
3.	Date and time of first animal loading ( <sup>b</sup> ):	4. Ni	umber of animals loaded (°):	5.	Identification of the means of transport:
39	00 31/08/17		390		0~-70-07
6.	Regulation (EC) No 1/2005 on the	knowledg rocedures re protecti	e, at the time of loading the at for handling the animals were ion of animals during transpor	oove e in a	mentioned animals were fit for coordance with the provisions of
7.	Signature of the keeper at the pl	ace of dep	parture:		
8.	Additional checks at departure:				
9.	Veterinarian at the place of depa		ne and address):		
10.	transport and the transport practi 1/2005.	ne time of	departure, the animals were f	it for	of the animals mentioned above. transport and the means of of Council Regulation (EC) No
11.	Signature of the Veterinarian:				

Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005 If different from Section 1

			ace of Destination					
1.	Keeper at the place of destination/Official Veterinarian – Name and address (*):							
2.		e of destination/Checking	3 Date and time of the check:					
4.	Checks Performed:			5. Outcome of the checks				
4.4	T			5.1. COMPLIANCE	5.2. RESER-VATION(S			
4.1	Transporter Authorisation number (°)			8				
4.2	Driver							
	Number of the certificate	e of competence		Ø				
4 3	Means of transport -	tracter						
	Identification (°)	V 70 1	1	<b>D</b>				
4.4	Space allowances	wo miz						
	Average space/animal in	m2 390 /10	20 M	<b>@</b>				
4.5	Journey log records and journey time limits							
1.6	Animals (specify the num	ber for each category)						
	Total checked	U Unfit D t		d	F Fit			
6.	I, the keeper of the animals at the place of destination/official veterinarian, hereby declare that I have checked this consignment of animals. According my knowledge, at the time of the check the abovementioned findings were recorded. I am aware that the competent authorities must be informed as soon as possible of any reservation there may be and each time dead animals are discovered.							
7.	Signature of the keeper a		HUU ADON TIMA AAA	d onimania ana alia-				
(a) (b) (c)	Delete as appropriate. If different from Section 1. If different from Section 2	-						

## Section 4: Declaration by the Transporter

	Actual itinerary	– resting, t	ransfer o	r exit po	ints		
Diese as Jours		Arrival					
Place and address		Date	Time	Date	Time	Length of stop	Reason
ory joine dan	usque >	3/18	(1) COR	19/17	0630	51/2 hvs	Mest ware
				4	à		
on for any difference between actual and pro	posed itinerary/other obse	rvations					
er and reason for animal injuries and/or dea	- all out	es cell	ins L	ock ock	Cle	t- Selv	Date and time of arrival at t place of destination:
Provis name and signature:			Transpo	rter's na	me, autho	risation number	
the competent authorities	parture.	d I am awar	any	inciden	t during (	the journey that le	nima
nd plane $Z(\alpha)$							Tra

# Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journey log shall be transmitted to the competent authority.

1.	DECLARANT'S name, title and address:							
2.	Place and Member State where the anomaly vobserved:	was	3.	Date and time when the anomaly wa observed:				
4.	Type of anomaly (ies) pursuant to Council Regulation (EC) No 1/2005:							
4,1.	Fitness for transport (¹)		4.6.	Space allowances ( <sup>6</sup> )				
4.2.	Means of transport (2)		4.7.	Transporter's authorisation ( <sup>7</sup> )				
4.3.	Transport practices (3)		4.8.	Driver certificate of competence (8)				
4.4	Journey time limits (4)		4.9.	Journey log records				
4.5.	Additional provisions for long journeys (5)		4.10.	Other				
4.11. 5.	I hereby declare that I have checked the consignation the reservations detailed in this report concerning to 1/2005 on the protection of private decisions.	gnment of	the abo	vementioned animals and have expre	ssed			
6.	No 1/2005 on the protection of animals during transport a  Date and time of the declaration to competent authority:			and related operations  7. Signature of the declarant:				
0000000	Annex I, Chapter I and Chapter VI, paragraph 1.9. Annex I, Chapters II and IV. Annex I, Chapter III. Annex I, Chapter V. Annex I, Chapter VI. Annex I, Chapter VII. Article 6. Article 6(5).							