

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 submission and returns of Journey Logs

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



Animal & Plant Health Agency

1.1 Organiser's Name and address (*) [REDACTED]	1.2 Name of the person in charge of the journey [REDACTED]
	1.3 Telephone/Fax [REDACTED]

2 Total expected duration (hours/days) 67:30 hours.	4.1 Place and country of destination [REDACTED] Germany.
3.1 Place and country of departure [REDACTED]	

3.2 Date 27/08/2016	3.3 Time 03:30	4.2 Date 29/08/2016	4.3 Time 23:00
5.1 Species Ovines	5.2. Number of animals 450	5.3 Veterinary certificate(s) number(s) INTRA.GB.2016.0022123.	
Weaned YES <input type="checkbox"/> Unweaned <input type="checkbox"/>		5.5 Total space provided for the consignment (in m <sup>2</sup> ): 99.5	
5.4 Estimated total weight of the consignment (in kg): 15800			

6 List of scheduled resting, transfer or exit points:				6.3 Length (in hours)	6.4 Transporter's name and authorisation No (if different from the organiser)
6.1 Name of the place where animals are to be rested, or transferred (including exit points)	6.2 Arrival		Date		
	Date	Time			
[REDACTED] France.	27/08/2016	06:45	45 mins	[REDACTED]	
	27/08/2016	09:30	15 mins		
	27/08/2016	13:45	1:45 mins	Mid Journey Break	
	28/08/2016	10:30	15 mins		
	28/08/2016	11:10	24 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

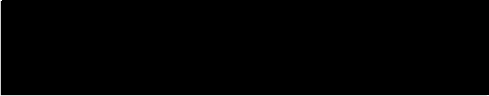


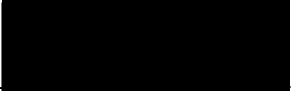
Official stamp

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8. Signature of the organiser	APHA Journey Log Reference
PZ017. [REDACTED]	JL10724

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) <sup>(a)</sup> ):		
		
2. Place and Member State of departure <sup>(b)</sup> :		
		
3. Date and time of first animal loading <sup>(b)</sup> :	4. Number of animals loaded <sup>(b)</sup> :	5. Identification of the means of transport:
3.00 27/8/16	408	
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:		

<sup>(a)</sup> Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005  
<sup>(b)</sup> If different from Section 1.

**Section 3: Place of Destination**

1. Keeper at the place of destination/Official Veterinarian -- Name and address <sup>(a)</sup> : [REDACTED]			
2. Place and Member State of destination/Checking point <sup>(a)</sup> : [REDACTED] GERMANY		3. Date and time of the check:	
4. Checks Performed:		5. Outcome of the checks	
		5.1. COMPLIANCE	5.2. RESER-VATION(S)
4.1	Transporter [REDACTED] Authorisation number <sup>(b)</sup> [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2	Driver [REDACTED] Number of the certificate of competence [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3	Means of transport [REDACTED] Identification <sup>(c)</sup> [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4	Space allowances 99m <sup>2</sup> Average space/animal in m <sup>2</sup> 243	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	Journey log records and journey time limits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6 Animals (specify the number for each category)			
Total checked		U Unfit	D Dead
408		0	0
		F Fit	408
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 at the [REDACTED]		Official Veterinarian (with official stamp):	

- <sup>(a)</sup> Delete as appropriate.
- <sup>(b)</sup> If different from Section 1.
- <sup>(c)</sup> If different from Section 2.

**Section 4: Declaration by the Transporter**

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**

Place and address	Arrival		Departure		Length of stop	Reason
	Date	Time	Date	Time		
[Redacted]	27-8	0-00	27-8	7-30		
[Redacted]	27-8	1-45				
[Redacted]	27-8	13-45	27-8	3-30PM		
[Redacted]	28-8	10-30	28-8	10-45		
France	28-08	11 <sup>h</sup> 30	29-08	12-45	24 <sup>h</sup> 30	Feeding water, and rest

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

Date and time of arrival at the place of destination:

30/08/16 00-15

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

DRIVER(S)'s name and signature:

Transporter's name, authorisation number:

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 animal's death must be declared to the competent authorities of the place of departure.

Date and place:

Transporter's signature

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