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 Carliele CA3 8DX



1.1	Organiser's Name and	address (°)(°)			1.2 Name of the p	erson in charge of the journey			
				-	1.3 Telephone/Fa	×			
2	Total expected duration	/hours/days	70 hours						
3.1	Place and country of de	eparture	70710411	<u> </u>	4.1 Place and col	infry of destination			
					Place and country of destination Germany.				
0.0	2 Date 3.3 Time				4.2 Date 4.3 Time				
3.2	01/09/2016 06:00				03/09/2016	04:00			
5.1	Species 5.2. Number of animals			als	5.3 Veterinary ce INTRA.GB.20	rtificate(s) number(s) 016.0022474.			
*	Ovines Weaned YES.	Unweaned							
5.4	15800				5.5 Total space p 99.5	rovided for the consignment (In m²):			
6	List of scheduled resting, transfer or exit points:				6.3 Length	6.4 Transporter's name and			
6.1	are to be rested, or transferred (including exit points) Date Time		rrival	6.3 Length (in hours)	authorisation No (if different				
			Date Time		(air riodile)	from the organiser)			
				09:45	46 mins				
			2016	00.70	70				
			01/09/ 2016	12:30	15 mins				
			01/09/ 2016	18:00	1:45 mins	Mid Journey Break			
			02/09/ 2016	16:30	15 mins	CENTRAL OPS			
	France.		02/09/ 2016	17:00	24 hours	2 6 OCT 2016			
		A. C. SANDARA CONTRACTOR				RECEIVED			
					: Contractions	THE CONTROL OF THE CO			
7.	I, the organiser, here responsible for the organiser abovementioned jour arrangements to safe animals throughout the provisions of County 2005	rganisation of rney and I hav eguard the we he Journey in :	the re made si liare of the accordance	e with	sert	Official stamp			

8.	Signature of the organiser		APHA Journey Log Reference
1	·		
		1	·

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 Departu	re
1.	Keeper at the place of departure - (1)(a):	– Name and address (if different	from the organiser mentioned in section
2.	Place and Member State of depa	arture (^b):	
3.	Date and time of first animal loading (^b):	4. Number of animals loaded	5. Identification of the means of
	1/4/16 5:15	401	
6.	of the animals. According to my k transport and the facilities and pro-	knowledge, at the time of loading	are that I have been present at the loading the above mentioned animals were fit for swere in accordance with the provisions of insport and related operations.
-, -	Signature of the keeper at the pla	ace of departure:	
8.	Additional checks at departure:		
9.	Veterinarian at the place of depa		
10.	According to my knowledge, at the	he time of departure, the animals	the loading of the animals mentioned above. were fit for transport and the means of provisions of Council Regulation (EC) No
11.	Signature of the Veterinarian:		

	Section 3: Place of Destination							
1.	Keeper at the place of	destination/Official Veterinaria	n – Name and add	ress (a):				
		(in Charling no	int (*)· 3.	Lare and im	ne of the check:			
2.	Place and Member Sta	te of destination/Checking po	int (*):	ouloal				
4.	Checks Performed:		5.	Outcome of the checks				
			C	5.1. COMPLIANCE	5.2. RESER-VATION(S)			
4.1	Transporter	b						
4.2	Driver Number of the certification	ate of competence						
4.3	Means of transport Identification (°)			P/				
4.4	Space allowances Average space/anima	100 01 1 in m ² 0.25 m						
4.5	Journey log records a	ind journey time limits						
4.6	6 Animals (specify the number for each category)							
	Total checked				F Fit 401			
6.	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.	soon as possible of a Signature of the kee	oer at the place of destination	/Official Veterinari	an (with official	stamp):			

(a) Delete as appropriate.

(b) If different from Section 1.

If different from Section 2.

Section 4: Declaration by the Transporter	aration by	y the Trai	sporter			
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.	ble to the	competer	nt authori	ties of the	place of departure	within one month of the date of
Actual itinerary	- resting, transfer or exit points	ansfer or	exit poli	str		
	Arri	Arrival	Departure	rture		
Place and address	Date	Time	Date	Time	Length of stop	Reason
	1.9.13	10.00 N.A.Va	1.9.Ve	12.33	2.5 ARS	SATLENC
France	200	57-7	363	16-45	2£ 4	Feed and Rest
Reason for any difference between actual and proposed itinerary/other observations:	tions:	ļ				Date and time of arrival at the
						place of destination: $CH/O9/16 O6.00$
Number and reason for animal injuries and/or deaths during the journey:						
DRIVER(S)'s name and signature:		Transpo	orter's na	ıme, autho	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 arimally death must be declared to the competent authorities of the place of departure.	am awar	re that an	ıy incidel	nt during	the journey that lo	eads to arrimal's death must be
Date and place:						Transporter' signature

OFFICIAL-SENSITIVE

WIT07 (Rev. 03/16)

Section 5 - S	Specimen Anoma	ly 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	
2.	Place and Member State where the anomaly was	3.	Date and t	ime when the anomaly wa	 3S
	observed:		observed:		
				$\langle A \rangle / \langle A \rangle$	
4.	Type of anomaly (ies) pursuant to Council Regulation (E	C) No	1/2005:		
4.1.	Fitness for transport (¹)	4,6.	Space allo	wances (⁶)	
4.2.	Means of transport (²)	4.7.	Transporte	er's authorisation (7)	
4.3.	Transport practices (³)	4.8	Driver cert	ificate of competence (8)	
4.4.	Journey time limits (4)	4.9.	Journey lo	g records	
4.5.	Additional provisions for long journeys (5)	4.10). Other		
4.11.	Remarks:		<i>/</i> .		
	/	/	/		
5	I hereby declare that I have checked the consignment of	/ the a	hovementions	ed animals and have ever	esed
_	the reservations detailed in this report concerning compl No 1/2005 on the protection of animals during transport	iance	with the provi	sions of Council Regulation	
6.	Date and time of the declaration to competent	7.	Signature	of the declarant:	
	authority:				
(¹) (²)	Annex I, Chapter I and Chapter VI, paragraph 1.9. Annex I, Chapters II and IV.				
(3) (4)	Annex I, Chapter III. Annex I, Chapter V.				
() () () () () () ()	Annex I, Chapter VI.				
\mathcal{C}	Annex I, Chapter VII.				

The Animal and Plant Health Agency is an Executive Agency of the Department for Environment, Food and Rural Affairs working to safeguard animal and plant health for the benefit of people, the environment and the economy.

Article 6(5).