APHA office address for submissions Council Regulation EC No. 1/2005 on the and returns of Journey Logs protection of animals during transport. Animal & **JOURNEY LOG** Welfare in Transport Team Contro for International Trade Plant Health During the journey the consignment of Eden Bridge House animals MUST be accompanied by THIS Agency Lowthor Street journey log Carlislo CA3 8DX Section 1: Planning Name of the person in charge of the journey 1.1 Organiser's Name and address (°)(b) 1.3 Telephone/Fax 93HRS 8 MINS Total expected duration (hours/days) Place and country of destination Place and country of departure spain Time 18.28 Time 21.20 Date 01/09/16 4.2 4.3 3.3 05/09/16 Veterinary certificate(s) number(s) Number of animals 5.2. Species 140 INTRA.GB.2016.0022550 & 0022669 bovine Weaned Unweaned 🗸 Total space provided for the consignment (in m2): 5.4 Estimated total weight of the consignment (in kg): 14.0 15.0 15.0 (44) List of scheduled resting, transfer or exit points: cairnryan, larne, lurgan, dublin, heauville, saintes Transporter's name and 6.3 Length Name of the place where animals 6.2 Arrival authorisation No (if different (In hours) are to be rested, or transferred Time Date from the organiser) (including exit points) 01/09 23.20 40 MINS rest, water 02/09 02.00. 15 mins unload rest and feed 02/09 03.05 31HRS 55 mins 03/09 13.45 1hr 45 mins rest and water and load 04/09 09.30 18hrs rest and feed and load 04/09 10.15 13hrs 05/09 07.15 1hr mid lourney rest and water destination 05/09 18.28 Official stamp I, the organiser, hereby declare that I am 7. responsible for the organisation of the abovementioned lourney 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 OKINGO APHA Journey Log Reference 8. Signature of the organiser JL10735 Organiser; see definition in Article 2(q) of Council Regulation (EC) No 1/2005

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

		Section 3: Plac	e of Destina			
1.	Keeper at the place	of destination/Official Veterina	rian – Name			
2.	Place and Member S	state of destination/Checking p	point (°): (
				08 GC	16	23:2(L
4.	Checks Performed:			5. Outo	ome o	f the checks
				5.1. COMPLIA	NCE	5.2. RESER-VATION(S)
4.1	Transporter					
	Authorisation numbe	r (b)		U		
4.2	Driver	•				
	A. 1 6.1 100			l th		
	Number of the certific	cate of competence				
4.3	Means of transport					
	Identification (°)			垃		
4.4	Space allowances	16/2012				
	Average space/anim	al in m ² 0-40		应	,	
4.5	Journey log records	and journey time limits		4	,	П
4.6	Animals (specify the	number for each category)			·· · · · · · · · · · · · · · · · · · ·	
					-	
	Total checked	U Unfit	D Dea	ad		F Fit
	MA					VQ.
6.	I, the keeper of the a	nimals at the place of destinat	ion/official veterir	narian, hereb	v decla	ire that I have
	checked this consign	ment of animals. According m	y knowledge, at t	the time of th	e chec	k the
		lings were recorded. I am awa any reservation there may be a			ies mu	st be informed as
7.	Signature of the keep	per at the place of destination	Official Veterin			
	- ,	• • • • • • • • • • • • • • • • • • • •				
<u> </u>			, ,			
(°) (°) (°)	Delete as appropriate. If different from Section	1				
(%)	If different from Section 2					

Section 4: Deci	laration by	y the Tra	nsporter			
To be completed by the driver during the course of the journey and to be available arrival at the place of destination.	able to the	compete	nt authori	ities of the	e place of departure	within one month of the date of
Actual itinerary – ı	resting, tr	ansfer o	rexit pol	nts.		
	Arri	ival	Depa	rture		_
Place and address	Date	Time	Date	Time	Length of stop	Reason
	2-9.6	07 අ	129.16	08.00	DECAMED	FANS NOT WORKING
	2-9.6	1100	2.9-16	13.30	STOCK (HECK	:R & 51
	59-10	13.30	2-9-16	15.30	BOAT	
	29	17:00	6-9.	1200	91 Hrz	RE:
	7-9/16	17100	8/05/16	0 S. cc	12 ths	•
	8/9/16	15.10	Blox16	15.45	35 MINS MINS	ur
		230				<u> </u>
	6/9.	20.30	6/9			
Reason for any difference between actual and proposed itinerary/other observances of the control post till fallow for control post till 619 for call w	ations: Ou & T UEUTAR	c for	~5 ·/·	,	WORKING	Priace or gesunation:
VERY HOT, RESEDCALUES 3 TIMES ON POLITE	e for	WELF	ARE	of u	flues.	8/9/16 22 70
Number and reason for animal injuries and/or deaths during the journey:						
DRIVER(S) is name and signature:		Transpo	orter's na	me, auth	orisation number:	
As the transporter, hereby certify that the entries above are correct and declared to the competent authorities of the place of departure.	am awan	e that an	y incide:	nt during	the journey that fe	eads to animal's death must be
Date and place: 24-9-16						signature

OFFICIAL-SENSITIVE

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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.

	STALL SALITIO				·····
1.	DECLARANT'S name, title and address:				
				*	
l				•	
2.	Place and Member State where the anomaly was	2	3.	Date and time when the anomaly wa	
-	observed:	•	J .	observed;	13
				••••••	
	į.		}	***************************************	
	•		1		
			<u></u>		
4.	Type of anomaly (ies) pursuant to Council Regula	ation (F	C) No 1	/2005:	
:	,, , , , , , , , , , , , , , , , , , ,		,		
		-	T		
4.1.	Fitness for transport (1)		4.6.	Space allowances (8)	П
		•	''-'		
4.2.	Means of transport (2)		4.7.	Transporter's authorisation (7)	
		-	''''	· · · · · · · · · · · · · · · · · · ·	
4.3.	Transport practices (3)		4.8.	Driver certificate of competence (8)	
		_			
			T T		
4.4.	Journey time limits (4)		4.9.	Journey log records	
				,, <u>,</u>	ш
					
4.5.	Additional provisions for long journeys (5)		4.10.	Other	
			L.		_
4.11.	Remarks:				
5.	I hereby declare that I have checked the consigni	ment of	the abo	ovementioned animals and have expre	ssed
	the reservations detailed in this report concerning	compl	iance w	ith the provisions of Council Regulation	n (EC)
	No 1/2005 on the protection of animals during tra	nsport a	and rela	ited operations	,,
6.	Date and time of the declaration to competent		7.	Signature of the declarant:	
	authority:			•	
(,)	Annex I, Chapter I and Chapter VI, paragraph 1.9.				
(²)	Annex I, Chapters II and IV.				
Ω	Annex I, Chapter III.				
<u> </u>	Annex I, Chapter V.				
\e\ 	Annex I, Chapter VI. Annex I, Chapter VII.				
7	Article 6.				
, 8;	Article 6(5)				

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.