APHA Jauray Log Peliceriso

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1.	Keeper at the place of departure – Name and address (if different from the organiser mentioned in section								
2.	Place and Member State of departure (°): Scotland.								
3.	Date and time of first animal 4. Number of animals loaded (b): 5. Identification of the means of transport: 14-2.18 31.7								
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:								
(a) (b)	Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005 If different from Section 1.								

Section 3: Place of Destination

1.	Kee									
2.	Place and Member State of destination/Checking point (a):	3. Date and time of the check:								
4.	Checks Performed:	5. Outcome of the checks								
	Checks Performed: Rowthu transport of Am Sussessing point ().	5.1. COMPLIANCE	5.2. RESER-VATION(S)							
4.1	Transporter									
4.0	Authorisation number (b) 1E 1455 / 1E 164 0432									
4.2	Number of the certificate of competence (E-1457)									
4.3	Means of transport Means of transport Au Tour ATTO Tours Identification (°)	V								
4.4	Space allowances									
	Average space/animal in m ²	4								
4.5	Journey log records and journey time limits	IJ∕								
4.6	Animals (specify the number for each category)									
	Total checked U Unfit D Dea	ad	FFIT							
	3/4 NIL	J 2.1								
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 r									
7.	Signature of the keeper a									
(h) (h) (h)	Delete as appropriate. If different from Section 1. If different from Section 2.									
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Section 4: Declar	ration by	the Tra	nsporter	A STATE OF THE PROPERTY OF T	The second secon	
To be completed by the driver during the course of the journey and to be available arrival at the place of destination.	le to the	compete	nt authori	ities of the	place of departure	within one month of the date of
Actual itinerary – re	sting, tra	ansfer o	exit poi	nts		
	Arri	val	Depa	Reason		
Place and address	Date	Time	Date	Time	Length of stop	Reason
	14.2.18	1900	142.18	2000	1 HeRs	Rest
	14.2.18	22.00	14.2.18	22.15	15 runs	Checks
	1528	OU 48				
	-		_			
Reason for any difference between actual and proposed itinerary/other observat	Date and time of arrival at the place of destination:					
Que to colonels econtier boats	- ar	1	telse	Lit	ceslock	15-2-18 02-45.
Number and reason for animal injuries and/or deaths during the journey:		·				
		Transp	orter's n	ame, auth	orisation number:	
					1E TU	1200B
that the entries above are correct and I	am awa	re that a	ny incide	ent during	the Journey that	eads to animal's death must be
declared to the competent authorities of the place of departure.						

Date and place: 15 - 2-18 .

Transporter' 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		3.	Date and time when the anomaly wa	s				
	observed:		observed:						
	* · · · ·								
4.	Type of anomaly (ies) pursuant to Council Regulation (EC) No 1/2005:								
4.1.	Fitness for transport (1)		4.6.	Space allowances (⁶)					
4.2.	Means of transport (2)		4.7.	Transporter's authorisation (7)					
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 of the abovementioned animals and have expressed the reservations detailed in this report concerning compliance with the provisions of Council Regulation (EC) No 1/2005 on the protection of animals during transport and related operations								
6.	Date and time of the declaration to competent	7.	Signature of the declarant:						
	authority:								
		= y=			.v.				
(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.								
(5) (5)	Annex I, Chapter VI.				•				
$\stackrel{()}{\leftarrow}$	Annex I, Chapter VII. Article 6.								

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).