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 Striet Carlisle CA3 8DX



Section 1: Planning Organiser's Name and address (a)(b) 1.2 Name of the person in charge of the journey Telephone/Fiax Total expected duration (hours/days) 104 hrs 28 mins 2 Place and country of destination Place and country of departure 3.1 Postcode: SPAIN Time 06.28 Time 21:00 4.2 Date 13/02/2018 4.3 3.2 Date 08/02/2018 3.3 Veterinary certificate(s) number(s) 5.2. 5.3 Species Number of animals 5.1 BOVINE 150 ODNERA.GB.2018.0003640 & 37 Weaned Unweaned otal space provided for the consignment (in m²): 5.4 Estimated total weight of the consignment (in 8000KG rne, lurgan, dublin, heauville, saintes List of scheduled resting, transfer or exit point 6 Length 6.4 Transporter's name and Name of the place where animals 6.2 TIME OIL (in hours) authorisation No (if different are to be rested, or transferred Date from the organiser) (including exit points) 08/02 22.40 1 hr 20 mins rest,water 02.00 unload 09/02 15 mins 03.05 31 hrs 55 mins rest and feed 09/02 10/02 13.45 1 hr 45 mins rest and water and load UNLOAD 11.30 15 MINS 11/02 11/02 12.30 25 hrs rest and feed and load 12/02 19.15 1 hr mid journey rest and water 13/02 06.28 destination DESTINATION 7. I, the organiser, hereby declare that I am 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 UNITED APHA Journey Log Reference Signature of the organiser 8. JL12793 Organiser: see gulation (EC) No 1/2005 If the organise ber shall be specified.

	Section 2: Place of Departure							
1.	Keeper at the place of departure – Name and address (if different from the (1)(e organiser mentioned in section						
2.	Place and Member State of departure (^b):							
3.	Date and time of first animal loading (b): 08-02-18 20-00 1/5	5. Identification of the means of transport:						
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:							

		Section 3: Place	e of Destination					
1.								
2.	Place and Member State of destination/Checking point (*):			3. Date and time of the check: $6-2-18$ $0-99$				
4.	Checks Performed:		5. Outcome of the checks					
	Trance	SPAIR		5.1. COMPLIANCE	5.2. RESER-VATION(S)			
4.1	Transporter Authorisation number (b)	WIT 2 019	5 9					
4.2	Driver Number of the certificate of competence 5 0500			ID /				
4.3	Means of transport CAD - SCANTA- Identification (°)			G				
4.4	Space allowances O 9 0 M ² Average space/animal in m ² O 40 M ²		7	Ġ				
4.5	Journey log records and j							
4.6	Animals (specify the number for each category)							
	Total checked	U Unfit	D Dead	3	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 unimals are discovered.							
7.	Signature of the keeper a	t the place of destination	/Official Veterina					
(a) (b) (c)	Delete as appropriate. If different from Section 1. If different from Section 2.							

Section 4: Declaration by the Transporte	Section	4: Declaration	by the	Transporte
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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.

Place and address	Arr Date	ival Time	Depa	arture		
Place and address	Date	Time				
		Tillie	Date	Time	Length of stop	Reason
	9/2	02.00	9/2	04.00	Zlm	RUST
	9/2	06 00	9/2	06.20	ZOMINS IN	VSPECTION
	9/2	07.40	13/2	14.20	102 hr Geri	SREST
	3/2	20.00	13/2	24.30	Ita30 Mins	Tel. 02 33
	14/2	15.30	14/2			Bur.
	14/2	16.00	15/2			50 T 1000
	16/2	1.00	16/2		1. 144	ST + WATE
	16/2	10.08	1	INISO		
Reason for any difference between actual and proposed itinerary/other observations: BOAT OFF ON SATURDAY-BAD WEATHER - WENT ON TUESDAY 13/2/18 FOR						Date and time of arrival at the place of destination:
EIFARE OF CALUES						16-2-18 10.0
ber and reason for animal injuries and/or deaths during the journey:						
IDD(S)'s name and signature.		Transpo	orter's na	ame auth	orisation number:	A COT
		(NITZ 0159
he transporter, I hereby certify that the entries above are correct ared to the competent authorities of the place of departure.	and I am awai	e that an	y incide	nt auring	the journey that le	ads to animal's death must
						Transporter' signat
e and place:	-18					W/17015

Section 5 - Specimen Anomaly Report No.

A copy of the anomaly report accompanied by a copy of Section 1 of the journpy 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:		3.	Date and time when the anomaly was 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 authority:		7.	Signature of the declarant:			
(¹) (²) (³) (⁴) (⁵) (°) (°)	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).						

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.