



Council Regulation EC No. 1/2005 on the protection of animals during transport. 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 Carlisle CA3 8DX	 Animal & Plant Health Agency
	During the journey the consignment of animals MUST be accompanied by THIS journey log	

Section 1: Planning

1.1 Organiser's Name and address (a)(b) [Redacted]		1.2 Name of the person in charge of the journey [Redacted]	
		1.3 Telephone/Fax [Redacted]	
2 Total expected duration (hours/days) 8hrs			
3.1 Place and country of departure [Redacted]		4.1 Place and country of destination [Redacted]	
3.2 Date 8.2.18	3.3 Time 13.00	4.2 Date 8.2.18	4.3 Time 21.00
5.1 Species ovine Weaned <input checked="" type="checkbox"/> Unweaned <input type="checkbox"/>	5.2. Number of animals 12	5.3 Veterinary certificate(s) number(s) INTRA.GB.2018.0003917	
5.4 Estimated total weight of the consignment (in kg): 600		5.5 Total space provided for the consignment (in m²): 63	


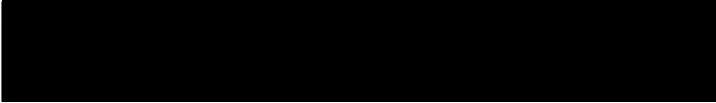



6 List of scheduled resting, transfer or exit points:				
6.1 Name of the place where animals are to be rested, or transferred (including exit points)	6.2 Arrival		6.3 Length (in hours)	6.4 Transporter's name and authorisation No (if different from the organiser)
	Date	Time		
[Redacted]	8.2	15.45	45min	[Redacted]
[Redacted]	8.2	18.30	15mins	

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 
---	---

8. Signature of the organiser [Redacted]	APHA Journey Log Reference JL12798
--	--

(a) Organiser: see definition in Article 2(q) of Council Regulation (EC) No 1/2005
 (b) 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) ^(a)): 		
2. Place and Member State of departure ^(b) : 		
3. Date and time of first animal loading ^(b) : 10.30 9/2/18	4. Number of animals loaded ^(b) : 12.	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:		

^(a) Keeper: see definition in Article 2(k) of Council Regulation (EC) No 1/2005

^(b) If different from Section 1.

Section 3: Place of Destination

1. Keeper at the place of destination/Official Veterinarian – Name and address ^(a) : [REDACTED]			
2. Place and Member State of destination/Checking point ^(a) : [REDACTED]		3. Date and time of the check: 9/2/18 18:30	
4. Checks Performed:		5. Outcome of the checks	
		5.1. COMPLIANCE	5.2. RESER-VATION(S)
4.1	Transporter [REDACTED] Authorisation number ^(b) IE (TYPE 2) 0500	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2	Driver [REDACTED] Number of the certificate of competence IE 00454	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3	Means of transport [REDACTED] Identification ^(c) [REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4	Space allowances Average space/animal in m ² 63	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	Journey log records and journey time limits OKAY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6 Animals (specify the number for each category)			
Total checked	U Unfit	D Dead	F Fit
12	—	—	✓
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 place of destination/ Official Veterinarian (with official stamp): [REDACTED]			

- ^(a) Delete as appropriate.
^(b) If different from Section 1.
^(c) 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]	9/2/18	12:30	9/2/18	12:45		
	9/2/18	15:30	9/2/18	16:00		

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

N/A

Date and time of arrival at the place of destination:

9/2/18 18:30

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

N/A

DRIVER(S)'s name and signature:

[REDACTED]

Transporter's name, authorisation number:

[REDACTED]

IE/TYPE2/0500

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:

IRELAND 9/2/18

Transporter' signature

[REDACTED]