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 Carlisle CA3 8DX



Section 1: Planning Organiser's Name and address (3)(5) Name of the person in charge of the journey ie/1368 Telephone/Fax Total expected duration (hours/days) 104 hrs 28 mins Place and country of departure Place and country of destination Postcode: SPAIN 3.2 Date 03/05/2018 3.3 Time 21:00 Date 08/05/2018 Time 06.28 4.2 5.1 5.2. Veterinary certificate(s) number(s) Species Number of animals BOVINE 150 111 INTRA.GB.2018.0011694 & 95 Weaned Unweaned 7 5.4 Estimated total weight of the consignment (in kg): Total space provided for the consignment (in m2): 8000KG 92M2 List of scheduled resting, transfer or exit points: cairnryan, larne, lurgan, dublin, heauville, saintes Name of the place where animals Length Transporter's name and 64 6.2 Arrival are to be rested, or transferred (in hours) authorisation No (if different Date Time (including exit points) from the organiser) 03/05 22.40 1 hr 20 mins rest,water NIT20004 04/05 02.00 15 mins unload 04/05 03.05 31 hrs 55 mins rest and feed 05/05 13.45 1 hr 45 mins rest and water and load 15 MINS UNLOAD 06/05 11.30 06/05 12.30 rest and feed and load 25 hrs 07/05 19.15 1 hr mid journey rest and water DESTINATION 08/05 06.28 destination Official stamp 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 APHA Journey Log Reference 8. Signature of the organise JL13006 tion (EC) No 1/2005 Organiser see definition shall be specified

If the organiser is a tran

	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 (°):						
3.	Date and time or first animal loading (b): 04 05 (18 0-300						
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						
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: Pla	ace of Destination			
1.	Keeper at the place o	f destination/Official Veterin	narian – Name and			
2.	Place and Member St	ate of destination/Checking	g point (*):			
4.	Checks Performed:		£	5. Outo	ome o	T the checks
	*			5.1. COMPLIA	NCE	5.2. RESER-VATION(S)
4.1	Transporter Authorisation number	(°) WT 2.006		Þ		
4.2	Driver Number of the certification	ate of competence	52/7			
4.3	Means of transport Identification (c)	SCANIA TR	ruch,	4		
4.4	Space allowances Average space/anima	0.42M2		4		
4.5	Journey log records a	nd journey time limits	2.11811	Ø		
4.6	Animals (specify the n	umber for each category)				
	Total checked	U Unfit	D Dea	ad		F Fit
6. 7.	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 required as soon as possible of any reservational signature of the keeper 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 required. If the keeper 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 required. If the keeper 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 required. If the keeper at the place of destination/official veterinarian, hereby declare that I have checked this consignment of the check the abovementioned findings were required. If the keeper at the place of destination/official veterinarian, hereby declare that I have checked this consignment of the check the abovementioned findings were required.					
(^a) (^b) (^c)	Delete as appropriate. If different from Section 1. If different from Section 2.					

Section 4:	Declaration	by the	Transporter
			5 Control 10 Control 1

Actual iti	nerary – resting, ti	ansfer o	r exit po	ints		*	
Diana and address	Arr	ival	Dep	arture	2 927 53 8		
Place and address	Date	Time	Date	Time	Length of stop	R	Reason
	04/5	05-00	45	7.30	2 ha Bornes	R&ST	T- WATER
	04/5	9.30	04/5	9.40	10 mins		
	0415	11-00	05/5	11-30	24 \$ 1ths		
	05/5	1345	05/5	15-90	1445 mas		
	06/5	11.00	06/5	11-00			
	0615	1200	07/5	13.00	25 1488		
	07/05	19/5	07/05	20.15	1 hn Tel.		
	08/05	06.30	Fir	15t			
A BETTER USE OF AU AILABLE	TRANSPOR	4 L	ogis	77cs			
Folon .							
nber and reason for animar injuries and/or deaths during the journal	ay.		3				
VER(S)'s name and signature:		Transpo	orter's na	me, autho	orisation number:		
500/1762/7					WITZ	2004	/ /
lared to the competent authorities of the place of departure	,	e tilat all 0 500		it during	the journey that lea	ds to animal'	s death must be
	TYPE2/)	,			

Section 5 - Specim	en 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:				<u>.</u>		
2.	Place and Member State where the anomaly was observed:	3	3.	Date and time when the anomaly wa observed:	1 S		
4.	Type of anomaly (les) pursuant to Council Regulation (EC) No 1/2005:						
4.1.	Fitness for transport (1)		4.6.	Space allowances (*)			
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 consignithe reservations detailed in this report concerning No 1/2005 on the protection of animals during tra	j compl	iance w	ith the provisions of Council Regulatio	essed in (EC)		
6.	Date and time of the declaration to competent authority:		7.	Signature of the declarant:			
	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.