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											
1.1 Organiser's Name and address (*)(*)				1.2 Name of the person in charge of the journey ie/1368							
						3 Telephone/	Fax				
2 3.1	Total expected duration	n (hours/days)	104	nrs 28	mir						
	Place and country of departure				4.1 Place and country of destination Postcode: SPAIN						
3.2	Date 17/05/2018	3.3 Time			4.	2210	5/2018			ne 06.28	
5.1	Species 5.2. Number of animals 150 150 150 150 150 150 150 150 150 150			5.3 Veterinary certificate(s) number(s) INTRA.GB.2018.0013598 & 601							
5.4						5.5 Total space provided for the consignment (in m²): 92M2					
6	List of scheduled restin		exit point	s: cair	nry		n, dubli	in, h	eauville, s	aintes	
6.1	Name of the place where animals			6.2 Arrival		6.3 Length	6.4		Transporter's name and		
	are to be rested, or tran (including exit points)	nsferred	Date Time		— (in hour		5)		authorisation No (if different from the organiser)		
			17/05 22.40			1 hr 20 mins	rest	,wat	er	WIT200	04
	20			02.00				unload rest and feed			
				03.05			rest				
				13.45		1 hr 45 mins	rest	rest and water and load			
				20/05 11.30		15 MINS	UNL	UNLOAD			
				20/05 12.30		25 hrs		rest and feed and load			
				21/05 19.15		1 hr		mid journey rest and water			
	22/05 06.2					destination					
7.	1, 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								l stamp		
8.	Signature					API			Log Refer 3049	ence	

Organiser: s

If the organis

egulation (EC) No 1/2005

nber 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)(*):
2.	Place and Iviember State or departure (**):
3.	Date and time of first animal loading (b): 135 Number of animals loaded (c): 135 Identification of the means of Isoponed:
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	177			
1.	Keeper at the place of	destination /Official Veterinar	ia n – Name and	ac			
2.	Place and Member Sta	te of destination/Checking p	oint (a):	w 5.18	06-30		
4.	Checks Performed:		5. Outcome of the checks				
		-		5.1. COMPLIANCE	5.2. RESER-VATION(S)		
4.1	Transporter Authorisation number (W/12 004		₽			
4.2	Driver Number of the certificat		1268				
4.3	Means of transport 5 Identification (°)	CANIA		6			
4.4	Space allowances Average space/animal	0.60m² 92m²	3.8 (\$10 - \$35.80); 3	1			
4.5	Journey log records and	d journey time limits		ď			
4.6	Animals (specify the nu	mber for each category)		I			
	Total checked	U Unfit	D Dea	ad	F Fit		
	13%				135		
6.7.	checked this consignment abovementioned finding soon as possible of any	nals at the place of destination of animals. According my swere recorded. I am awar reservation there may be a rat the place of destination/	y knowledge, at the second the second the second the second to the second the	[1] - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the state of t		
(a) (b) (c)	Delete as appropriate. If different from Section 1. If different from Section 2.						

	Section .	: Declaration	by the	Transporter
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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.

	Actual itinerary – resting, to	ansfer o	r exit po	ints		
	Arı	ival	Dep	arture		
Place and address	Date	Time	Date	Time	Length of stop	Reason
	17-5	23.00	17-5	26.00	1 hr	REST + WATER
				02.20	The SPECT	Port
	18.5	03.30	14/5-	1100	3/ hus Jore	of-c
	2015	1345	1915	1330	3/ has Jorgans	
			10040	[3.30	30	1
	71/5	1915	2,15	2015	2.5	
50000	22/5	0630	<u> </u>			
ason for any difference between actual and proposed itin	peranulathar observations:					
ason for any difference between actual and proposed fill	ierary/other observations.					
mber and reason for animal injuries and/or deaths during	the journey:					
The control of an interview of the country of the c	, and Journey,			8		
IVER(S)'s name and signature:	7	Transp	orter's n	ame, auth	orisation number:	
	IE/1368			U	V112004	
	1 " / " / "					and a first and an all and a second to
	e are correct and I am awa	re tame	10.1	uring	the journey that le	ads to animal's death must b
the transporter, I hereby certify that the entries above lared to the competent authorities of the place of detection and place:	e are correct and I am awa	re terre	,	uring	the journey that le	Transporter' signatu

•	Section 5 - Specimen A	nomal	y Repo	rt No.	
	y of the anomaly report accompanied by a copy of etent authority.	Section	1 of the	e journey log shall be transmitted to th	e
1.	DECLARANT'S name, title and address:				
2.	Place and Member State where the anomaly was observed:		3.	Date and time when the anomaly wa observed:	S
				·	
4.	Type of anomaly (ies) pursuant to Council Regula	ation (E	C) 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 consignithe reservations detailed in this report concerning No 1/2005 on the protection of animals during tra	compli	iance w	ith the provisions of Council Regulatio	essed n (EC)
6.	Date and time of the declaration to competent authority:		7.	Signature of the declarant:	
(¹) (²) (³) (¹) (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).		L		

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.