



Canadian Ractopamine-Free Pork Certification Program

NAME OF PRODUCTION BARN (SAME AS CQA/CPE) :		CQA/CPE NUMBER	DATE (mm/dd/yyyy):
Barn Address: _____		NAME AND ADDRESS OF THE CURRENT VET CLINIC: _____	
(FOR THE LAST 6 MONTHS)			
PREMISE IDENTIFICATION NUMBER	TATOO NUMBER	NUMBER OF MARKET HOGS	END OF BATCH/LOT
			<input type="checkbox"/>
			<input type="checkbox"/>

Date and time of last access to feed, water and rest (FWR) prior to loading: Date: _____ Time: _____ (am - pm)
All animals have been determined to be fit for transport: Yes: __, No: __. **Date & Time of loading:** _____ (am - pm)

Declarations: movement from the farm or assembly yard to the abattoir.

- I attest these pigs were produced in accordance with the CQA/CPE Program standards. All prescribed withdrawal period has been observed for any medication administered (including medicated feed). These pigs did not receive any substances which might render their meat unfit for human consumption these pigs are healthy and have not tested positive for any condition that might render their meat unfit for human consumption; they are identified in accordance with the Health of Animals Regulations, Part XV-Animal identification.
- I attest that these pigs were not fed with feed containing ractopamine and were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program (CRFPCP). These pigs were born and raised in Canada
- I certify that if the shipped hogs were treated with any products of the tetracycline group (Tetracycline, Chlortetracycline and Oxytetracycline), a withdrawal period of 60 days has been met in accordance with the requirements on certain chemical residues for meat exports to certain countries.
- I agree that, as a hog producer, I share the welfare responsibility of the animals raised on my farm.

Comments : _____ **Lot ref #** _____

Name of Producer or Person in charge : _____

_____	_____	_____	_____
Printed Name	Signature	Contact info :Tel	Date (mm/dd/yyyy)

Assembly Yard Name :	<input type="checkbox"/> Not applicable
Date and time of last access to feed, water and rest (FWR) prior to loading: Date: _____ Time: _____	<input type="checkbox"/> Not applicable
I hereby certify that this assembly yard is enrolled in the CRFPCP	Premise ID or Yard code # _____
Name of Owner or Person in Charge (Printed)	Signature
	Date (mm/dd/yyyy)

	1st transporter	2nd transporter :
TRANSPORT COMPANY & ADDRESS:		
DRIVER'S NAME :		
DRIVER'S TQA NUMBER :		
TIME OF DEPARTURE FROM THE FARM :		
PROV. TRAILER PLATE NUMBER :		TOTAL AREA FOR HOGS(sq ft) :
<ol style="list-style-type: none"> I hereby certify that these pigs were not mixed during transport with pigs non-certified to the CRFPCP and the truck was fully cleaned if livestock that may have come in contact with Ractopamine were previously transported in this vehicle I agree that, as a hog transporter, I share the welfare responsibility of the animals delivered to the slaughterhouse. Trailer last cleaned on ___/___/___ Date (mm/dd/yyyy) Location: _____ Time _____ 		
_____ / /	_____ / /	_____ / /
1st Driver's signature	(Date mm/dd/yyyy)	2nd Driver's signature (if applicable)
		Date (mm/dd/yyyy)

RESERVED FOR THE SLAUGHTERHOUSE					
DATE OF RECEIPT (mm/dd/yyyy):	TIME OF RECEPTION :	HOGS RECEIVED	# QC	PLANT NAME	<input checked="" type="checkbox"/>
		DOA :	1550076	Princeville	<input type="checkbox"/>
PLANT RECEIVER NAME :		Compromised :	1549946	Saint-Esprit	<input type="checkbox"/>
			1550067	Yamachiche	<input type="checkbox"/>
Printed Name	Signature	Total :	1550087	Vallée-Jonction	<input type="checkbox"/>