

## TRANSPORT / CHAIN OF CUSTODY RECORD

*(Complete this form when transporting birds within or off of your operation)*

Date: \_\_\_\_\_

### Origin Information

Operation name:			
Operation address:			
Contact Name:		Contact Phone:	

### Destination Information

Destination name:			
Destination address:			
Contact Name:		Contact Phone:	

### Transport Information

Flock(s) transported:		Number of hens transported:	
Time when feed was withheld:		Time when water was withheld:	
Loading Start Time:		Loading End Time:	
Departure Time:		Arrival Time:	
Reasons for stops or delays en route:		Number of hens Dead On Arrival (DOAs):	

### GAP Certificate Information

GAP Certificate Number:		Certificate Expiry Date:	
GAP Step Rating:	<input type="checkbox"/> Step 1 <input type="checkbox"/> Step 2 <input type="checkbox"/> Step 3 <input type="checkbox"/> Step 4 <input type="checkbox"/> Step 5 <input type="checkbox"/> Step 5+		
Standard number of any deviations granted: <i>(if applicable)</i>			

Notes: