**Controlling Farm Access:** **Yes No**

**Annual Audit Checklist**

* Are the barn doors locked? ❑ ❑
* Has security of the poultry premises, buildings & facilities (signs included), been inspected for good repair? ❑ ❑
* Do you have access rules posted on barn door? ❑ ❑
* Do you document farm visitors in the restricted area in a logbook? ❑ ❑
* Is protective clothing available for visitors? (Coveralls, Boots?) ❑ ❑
* Do visitors indicate their previous farm or livestock visits/contact? ❑ ❑
* Do you have a current farm diagram? ❑ ❑

**Pest Control:**

* Do you have a pest control program in operation? ❑ ❑

**Feed and Water Access:**

* Do you keep equipment specifications on file (feed, drinkers, ventilation) ❑ ❑

Where is this information kept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are your feed bins numbered? ❑ ❑
* Date of Water Analysis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy)
* Have you conducted your annual medicator test? ❑ ❑
* Date of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy) Results of test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ratio)

**Chicks:**

* Do you have your hatchery name and address? ❑ ❑

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is your chick supplier recognized by the *Canadian Food Inspection Agency* as operating under HACCP? ❑ ❑

**Hatchery Federal Register Number: (√ please identify your hatchery)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lilydale A-25 |  | Maple Leaf A-13 |  | Sunrise – Lethbridge A-14 |  | Miller – Westlock A-35 |  |

**Other input Materials:**

* Do you keep instructions for use of medications, feed additives & chemicals? ❑ ❑
* Do you store medications in closed containers, according to manufacturer recommendations? ❑ ❑
* Do you store chemicals separately from medications and/or feedstuffs? ❑ ❑

**Standard Operating Procedures (SOP):**

* Have you reviewed the following SOPs to make sure they accurately reflect your current practices? ❑ ❑

❑ Back-up Systems ❑ Emergency Response Plan

❑ On-Farm Food Safety Program SOP’s ❑ Record Sheet 1: Stocking Density

❑ Animal Care Program SOP’s

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy)

|  |
| --- |
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**2518 Ellwood Drive SW, Edmonton, AB T6X 0A9**

**tel: 780.488.2125 fax: 780.488.3570**

**email: abcp@chicken.ab.ca web: www.chicken.ab.ca**

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