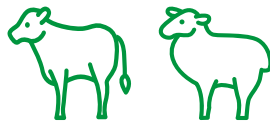


Farm Record Book



www.qmscotland.co.uk

Membership Information

Membership number			
Business name		Name of person responsible for stock	
Address		Contact number	
		Veterinary practice	
Postcode		Veterinarian name	
Contact telephone number		Telephone number	
Mobile number		Emergency contact number	
CPH number(s)		Local animal health divisional officer	
		NFSS membership number	
Herd number(s)		Livestock driver competency number	
		Livestock transport authorisation code	
		Feed hygiene number	

Emergency Contacts List

Stock owner/ manager		Electricity supplier	
Farm/site address and postcode		Gas supplier	
OS Grid reference e.g. NT140727		Feed supplier	
CPH number(s)		Agri chemical supplier (in event of spillage)	
Veterinary practice		SEPA	0300 099 6699
Local animal health office		Scottish Water	0848 601 8855
Neighbours		Scottish SPCA helpline	0300 099 9999
Livestock haulier			

3

Contingency Plan

The following describes the action to be taken in the event of extreme weather, equipment or power failure, flood and fire, etc.

Risk	Action to be taken	Responsible person

Animal Health and Welfare Plan

This template can be used to document the key procedures and policies undertaken to maintain herd and flock health and welfare on your holding. The plan can be completed by the stockperson/farmer/suitably qualified person (SQP), however, it must be reviewed by a vet. Alternatively, you may have an Animal Health Plan drawn up and reviewed by the vet.

Business (name and address)				
Person responsible for health and welfare (name and phone number)				
Veterinary practice (name and address)				
Name of responsible veterinary surgeon				
Species this plan applies to (please tick)	CATTLE		SHEEP	
Type and number of livestock covered by the plan	Breeding cows		Breeding ewes	
	Bulls		Tups	
	Stores		Stores	
	Finishers		Finishers	
Plan completed by (e.g. vet, SQP, stockperson)	Name:		Signature:	
			Date:	
Review completed by vet	Name:		Signature:	
	Vet practice:		Date:	

Biosecurity Risk Assessment & Management Plan

Consider the most common biosecurity risks on your farm, their prevention and management (entries included as examples only)

RISK FACTORS	RISK LEVEL (High/Moderate/Low)	PREVENTION OF RISK	MANAGEMENT OF RISK
e.g. Newly purchased livestock	High	Only purchase from high health status herds/flocks	Quarantine new animals for at least 21 days
e.g. Calving/lambing area	Moderate	Disinfect before calving/lambing	Keep bedded with plenty of straw
e.g. General public's dogs	Moderate	Ensure footpaths are obvious	'Please keep to paths' signs
INCOMING LIVESTOCK			
Newly purchased livestock			
Returning livestock			
OTHER ANIMALS			
Neighbouring livestock			
Wildlife			
Farm dogs			
General public's dogs			
PEOPLE			
Family/staff			
Neighbours			
Vet			
Company representatives			
Deliveries			
Contractors			
General public			
BUILDINGS			
Calving/lambing area			
Youngstock housing			
General housing			
Sick stock			
EQUIPMENT			
Own farm equipment			
Shared/hired equipment			
Contractor equipment			
MISCELLANEOUS			
Manure and slurry spreading			
Quarantine pasture			

Existing Stock

Consider the control of disease, infections and conditions known to affect the herd/flock (entry included as an example only)

DISEASE/INFECTION/CONDITION	AT-RISK LIVESTOCK	PREVENTATIVE MEASURES	SYMPTOMS/CLINICAL SIGNS	DIAGNOSIS	TREATMENT/ MANAGEMENT MEASURES
e.g. Pneumonia	Newly weaned calves	Vaccinate pre-weaning	Coughing, nasal discharge, reduced feed intake	Laboratory tests to isolate cause	Improved ventilation in post-weaning housing

Incoming Stock

Consider disease, infections and conditions which may be a risk to the herd/flock (entry included as an example only)

DISEASE / INFECTION / CONDITION	INCOMING STOCK POSING A RISK	PREVENTATIVE MEASURES	SYMPTOMS/CLINICAL SIGNS	DIAGNOSIS	TREATMENT/ MANAGEMENT MEASURES
e.g. Contagious ovine digital dermatitis (CDD)	Purchased rams Ewe hoggs returning from wintering	Buy direct from farm with known history. Quarantine all incoming stock for three weeks and regularly check the feet of lame sheep	Lameness	Hair loss above coronary band. Outside wall of hoof separated from coronary band which may completely detach	Discuss relevant treatments with vet if CDD confirmed. Isolate any infected animals. Follow the five-point plan

Livestock Health Management Calendar

Include diseases, infections and conditions detailed on pages 6 & 7, the action and time of year required (entry included as an example only)

[illegible]

Reducing the Risk of Developing Resistance

Please provide details of the measures used to address the risk of resistance problems developing

PRODUCT USED	Measures used to address risk: e.g. Treat incoming livestock according to quarantine treatment protocol, only use triclabendazole when immature fluke are present, use sensitivity testing to inform antibiotic choice.
ANTHELMINTICS (WORMERS)	
FLUKICIDES (FLUKE TREATMENTS)	
ANTIBIOTICS	

Further information can be found on the following websites: www.cattleparasites.org.uk for cattle and www.scops.org.uk for sheep.

Advice on the responsible use of antibiotics can be found at www.ruma.org.uk/antimicrobials/guidelines

Additional advice can be sought from your veterinary surgeon or SQP.

Stock Tasks

Please provide details of the measures used to address the risk of resistance problems developing

STOCK TYPE	ACTION	AGE OF ANIMAL	METHOD AND TREATMENT DETAILS (e.g. anaesthetic, pain relief)	NAME OF COMPETENT PERSON	JUSTIFICATION
CATTLE	Castration				
	Disbudding				
	Dehorning				
SHEEP	Castration				
	Tail docking				

Please refer to Appendix 3 of the 2022 QMS Cattle & Sheep Assurance Scheme Standards

Broken Needle Policy

If a broken needle was left in an animal, outline action taken to notify buyer/processor

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Colostrum Policy

	System to ensure maternal colostrum is given as soon as possible	Alternative source if maternal colostrum is unavailable
CALVES		
LAMBS		

Euthanasia Policy

STOCK TYPE	METHOD USED	NAME OF TRAINED AND COMPETENT PERSON
Cattle		
Sheep		

Fallen Stock

METHOD OF DISPOSAL	PLEASE TICK METHOD(S) USED	PLEASE PROVIDE DETAILS (e.g. Name of collector, licence number)
Licensed collector		
On-farm incineration		
Burial (derogated areas only)		

Isolation Policy

Outline action taken to isolate incoming stock from livestock already on-farm

STOCK TYPE	
Cattle	
Sheep	

Health and Welfare Record

Recording livestock health and welfare data allows an evidence-based approach to health planning, focused on continual improvement. Records exist in many forms e.g. herd/flock records, medicine books/records or using the below template. They must be maintained for all livestock and are useful when annually reviewing the Animal Health Plan

CATTLE	TARGET	ACTUAL	COMMENTS AND REASONS
Barren cows			
Calves born			
Calvings per cow/heifer to the bull			
Cows calved in first six weeks			
Calves reared per cow/heifer to the bull			
Culls			
Deaths			

SHEEP	TARGET	ACTUAL	COMMENTS AND REASONS
Scanning %			
Calves born			
Lambs born/marked			
Lambing/marking %			
Weaning %			
Culls			
Deaths			

BVD Status

Current status	
Date negative status achieved (if applicable)	

If BVD is present, please detail below the action plan to eradicate it from the herd:

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Help and guidance can be found in the Scottish Government's document: FARMERS' GUIDANCE: BVD Eradication Scheme, Phase 5, December 2019, available at: [Bovine viral diarrhoea \(BVD\) – gov.scot \(www.gov.scot\)](#)

Collation of Antibiotic Usage

Antibiotic resistance is an increasing concern. Collating information of antibiotic usage and the diseases, infections and conditions requiring treatment should be used when reviewing the Animal Health Plan. This information can be useful in targeting problem areas to focus on, and in monitoring your progress over time (entry included as an example only)

[illegible]

Dog Worming

DATE OF ISSUE	NAME OF DOG	WORMER USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT	DATE OF NEXT TREATMENT DUE

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Record of Medicine Treatment

START DATE OF TREATMENT	END DATE OF TREATMENT	NAME OF ANIMAL MEDICINE	REASON FOR TREATMENT	ID OF INDIVIDUAL OR GROUP	BATCH NUMBER	EXPIRY DATE	END OF WITHDRAWAL PERIOD DATE	LENGTH OF WITHDRAWAL PERIOD (DAYS)	TOTAL QUANTITY OF ANIMAL MEDICINE USED	INITIALS OF PERSON WHO ADMINISTERED TREATMENT

Purchase Record

DATE OF PURCHASE OR DISPOSAL	NAME OF MEDICINE AND QUANTITY PURCHASED	BATCH NUMBER	EXPIRY DATE	WITHDRAWAL DATE MEAT	WITHDRAWAL DATE MILK	NAME AND ADDRESS OF SUPPLIER	QUANTITY OF PRODUCT DISPOSED	HOW AND WHERE DISPOSED

Purchase Record

DATE OF PURCHASE OR DISPOSAL	NAME OF MEDICINE AND QUANTITY PURCHASED	BATCH NUMBER	EXPIRY DATE	WITHDRAWAL DATE MEAT	WITHDRAWAL DATE MILK	NAME AND ADDRESS OF SUPPLIER	QUANTITY OF PRODUCT DISPOSED	HOW AND WHERE DISPOSED

Purchase Record

DATE OF PURCHASE OR DISPOSAL	NAME OF MEDICINE AND QUANTITY PURCHASED	BATCH NUMBER	EXPIRY DATE	WITHDRAWAL DATE MEAT	WITHDRAWAL DATE MILK	NAME AND ADDRESS OF SUPPLIER	QUANTITY OF PRODUCT DISPOSED	HOW AND WHERE DISPOSED

Purchase Record

DATE OF PURCHASE OR DISPOSAL	NAME OF MEDICINE AND QUANTITY PURCHASED	BATCH NUMBER	EXPIRY DATE	WITHDRAWAL DATE MEAT	WITHDRAWAL DATE MILK	NAME AND ADDRESS OF SUPPLIER	QUANTITY OF PRODUCT DISPOSED	HOW AND WHERE DISPOSED

Feed Plan

[illegible]

Home Mixing Record Form

DATE PRODUCED	QUANTITY	RAW MATERIALS

Standard Mixes

MIX NAME/NO:	INGREDIENT	AMOUNT	MIX NAME/NO:	INGREDIENT	AMOUNT

Animal Transport Certificate

FULL NAME AND ADDRESS OF ANIMAL OWNER	ANIMALS TO BE CARRIED SPECIES AND NUMBER	PLACE OF DEPARTURE (WHERE ANIMALS LOADED) FULL ADDRESS	DATE AND TIME OF LOADING FIRST ANIMAL	DATE AND TIME OF DEPARTURE	ESTIMATED DURATION TIME OF JOURNEY	DESTINATION FULL ADDRESS INCLUDING POSTCODE	TRANSPORTER (NAME, ADDRESS, BUSINESS NAME, TEL)	DATE AND TIME OF ARRIVAL DESTINATION	REGISTRATION NUMBER OF VEHICLE	NAME OF PERSON IN CHARGE DURING JOURNEY	RESTING PLACE AND TIMES (IF RELEVANT)	TIME AND PLACE OF WASHOUT

Animal Transport Certificate

FULL NAME AND ADDRESS OF ANIMAL OWNER	ANIMALS TO BE CARRIED SPECIES AND NUMBER	PLACE OF DEPARTURE (WHERE ANIMALS LOADED) FULL ADDRESS	DATE AND TIME OF LOADING FIRST ANIMAL	DATE AND TIME OF DEPARTURE	ESTIMATED DURATION TIME OF JOURNEY	DESTINATION FULL ADDRESS INCLUDING POSTCODE	TRANSPORTER (NAME, ADDRESS, BUSINESS NAME, TEL)	DATE AND TIME OF ARRIVAL DESTINATION	REGISTRATION NUMBER OF VEHICLE	NAME OF PERSON IN CHARGE DURING JOURNEY	RESTING PLACE AND TIMES (IF RELEVANT)	TIME AND PLACE OF WASHOUT

Crop Field Record

Harvest year

Field name/number:		Area: Crop:		Ergot: Present/Not Present* <small>*Delete as appropriate</small>		Harvest date:		Fertiliser (including FYM/slurry):											
Home-saved seed Yes/No		Purchased seed lot number:		Variety:		Seed treatment:		Date:	Rate:	N:P:K	Accumulative nitrogen applied								
Soil type:																			
Previous crop:				Sowing date:		Seed rate:													
Cultivations:				Soil analysis:	pH	P	K	Mg											
				Date:															
Compost/Digestate* <small>*Delete as appropriate</small>				Origin and batch number:		Delivery date:		PAS:		Permit:		Application date:		Application rate:		N:P:K		Accumulative nitrogen applied	
Supplier:																			
Supplier:																			

Other applications

Date applied	Crop GS	Reason for treatment	List all products applied	Dose rate	Water volume	Spray quality	Wind direction	Wind speed	Operator	Spray time		Cost
										Start	Finish	

Crop Field Record

Other applications

Date applied	Crop GS	Reason for treatment	List all products applied	Dose rate	Water volume	Spray quality	Wind direction	Wind speed	Operator	Spray time		Cost
										Start	Finish	

LERAP (Please tick)		Pesticide classification	% Dose rate	Sprayer rating	Size of water course				Size of buffer zone						Date of LERAP	Signature
					1	2	3	4	1m	2m	3m	4m	5m	>5m		
1 = Dry ditch																
2 = <3 m																
3 = 3 - 6 m																
4 = >6m																

Crop Field Record

Harvest year

Field name/number:		Area: Crop:		Ergot: Present/Not Present* <small>*Delete as appropriate</small>		Harvest date:		Fertiliser (including FYM/slurry):					
Home-saved seed Yes/No		Purchased seed lot number:		Variety:		Seed treatment:		Date:	Rate:	N:P:K	Accumulative nitrogen applied		
Soil type:													
Previous crop:				Sowing date:		Seed rate:							
Cultivations:				Soil analysis:	pH	P	K	Mg					
				Date:									
Compost/Digestate* <small>*Delete as appropriate</small>				Origin and batch number:		Delivery date:		PAS:	Permit:	Application date:	Application rate:	N:P:K	Accumulative nitrogen applied
Supplier:													
Supplier:													

Other applications

Date applied	Crop GS	Reason for treatment	List all products applied	Dose rate	Water volume	Spray quality	Wind direction	Wind speed	Operator	Spray time		Cost
										Start	Finish	

Crop Field Record

Other applications

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										Start	Finish	

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Harvest year

Field name/number:		Area: Crop:		Ergot: Present/Not Present* <small>*Delete as appropriate</small>		Harvest date:		Fertiliser (including FYM/slurry):					
Home-saved seed Yes/No		Purchased seed lot number:		Variety:		Seed treatment:		Date:	Rate:	N:P:K	Accumulative nitrogen applied		
Soil type:													
Previous crop:				Sowing date:		Seed rate:							
Cultivations:				Soil analysis:	pH	P	K	Mg					
				Date:									
Compost/Digestate* <small>*Delete as appropriate</small>				Origin and batch number:		Delivery date:		PAS:	Permit:	Application date:	Application rate:	N:P:K	Accumulative nitrogen applied
Supplier:													
Supplier:													

Other applications

Date applied	Crop GS	Reason for treatment	List all products applied	Dose rate	Water volume	Spray quality	Wind direction	Wind speed	Operator	Spray time		Cost
										Start	Finish	

Crop Field Record

Other applications

Date applied	Crop GS	Reason for treatment	List all products applied	Dose rate	Water volume	Spray quality	Wind direction	Wind speed	Operator	Spray time		Cost
										Start	Finish	

LERAP (Please tick)		Pesticide classification	% Dose rate	Sprayer rating	Size of water course				Size of buffer zone						Date of LERAP	Signature
					1	2	3	4	1m	2m	3m	4m	5m	>5m		
1 = Dry ditch																
2 = <3 m																
3 = 3 - 6 m																
4 = >6m																

Manure Management Plan (QMS Standard 10.5)

STEP 1 – PREPARE A FARM MAP

Prepare a farm map by identifying areas where manure must not be spread. Use a colour-coded map. This can be an IACS Map, Google Map or Ordnance Survey Map.

- Red for areas around watercourses or water sources
- Green for wooded areas, buildings, roads, ponds and other areas you cannot spread.

STEP 2 – CALCULATE AVAILABLE LAND FOR SPREADING

Total spreadable area (ha) – excluding: Woodlands/ buildings/roads/ponds/ unspreadable areas (marked as red and green on farm map)	Minus 10m exclusion zone from water courses*		Minus 50m exclusion zone around water source	Total area available to spread (ha)
	Total length of watercourses (m)	Total watercourse exclusion area (ha) (B ÷ 1000 = C)	(0.78ha per water source)	
A	B	C	D	(A-C-D=E) E
(Example) 100	2000	2	1.56	96.44

*Note: The 10m exclusion zone for water courses above applies to only one side of the watercourse. This must be doubled if land is managed on both sides

STEP 3 – AREA REQUIRED CALCULATION: CALCULATE THE AREA REQUIRED TO SPREAD THE MANURE PRODUCED BY CALCULATING THE MINIMUM AREA REQUIRED

Stock unit	Number of stock on unit	Months housed	Hectares needed by stock unit	Total area needed (Ha)
Cow (650 kg)		X	X 0.039	=
Cow (550 kg)		X	X 0.032	=
Cow (450 kg)		X	X 0.025	=
Heifer 2 year + (500 kg)		X	X 0.019	=
Youngstock 1-2 year (400 kg)		X	X 0.016	=
Youngstock 6-12 months		X	X 0.008	=
Calf		X	X 0.005	=
Bull		X	X 0.019	=
Sheep		X	X 0.003	=
Lamb (up to 6 months)		X	X 0.001	=
Lamb (6-12 months)		X	X 0.002	=
			Total area required (F):	

STEP 4 – MASS BALANCE

Total available land (E)	Total area required (F)	Balance

Manure Management Plan (QMS Standard 10.5)

STEP 1 – PREPARE A FARM MAP

Prepare a farm map by identifying areas where manure must not be spread. Use a colour-coded map. This can be an IACS Map, Google Map or Ordnance Survey Map.

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A	B	C	D	(A-C-D=E) E
(Example) 100	2000	2	1.56	96.44

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Sheep		X	X 0.003	=
Lamb (up to 6 months)		X	X 0.001	=
Lamb (6-12 months)		X	X 0.002	=
			Total area required (F):	

STEP 4 – MASS BALANCE

Total available land (E)	Total area required (F)	Balance

Environmental Risk Assessment Template

BEFORE THE ERA	Name of site and address:		
	Name of client and/or client's site representative:		
	Contract number:		
	Name of assessor:		
	Date of assessment:		
THE INFESTATION	Carry out a site survey and provide the document reference.	Document reference:	
	Were environmental risks noted during the site survey? Complete an ERA and the remainder of this form if the answer is yes.	Yes/No	
	Is there a current rodent infestation?	Rat: Yes/No	Mouse: Yes/No
	Is the rodent infestation situated only indoors and will baits only be placed indoors?	Yes/No	
	Is there a significant risk to human health or animal health presented by a possible future infestation?	Yes/No	
	Do you intend to use long-term baiting?	Yes/No	
	If 'yes', give the reference to the document showing justification:	Document reference:	
RISK HIERARCHY	Why is it necessary to use a rodenticide at this site? Why can't the situation be resolved by other methods, such as improving hygiene and preventing rodent ingress to sensitive areas, or traps?		
	If you intend to use SGARs and not FGARs, explain why.		
SENSITIVE AREAS	Record if the site is entirely, or contains a part of, one of the designated sensitive areas listed in the advisory leaflet. If so, list any protected species that may be present.		

PRODUCTS	Give product name, active ingredient and HSE Authorisation Numbers** for all products to be used.	
THE ERA*	Provide a list of all environmental risks you perceive to be present at the site:	
	Provide a list of all the measures you will use during rodenticide application at the site to reduce the risks you have identified:	
DISPOSAL OF RODENT CARCASES	How often will you search for rodent carcases?	
	Will others on-site also search for carcases?	
	What measures will you use to safely dispose of rodent carcases?	
DISPOSAL OF SPENT BAIT	How will you dispose of spent bait?	
CONCLUSION	With due consideration to the information recorded above, can this treatment safely proceed without unacceptable damage to wildlife and the environment?	

*If there is insufficient room in the boxes provided use additional sheets and secure them to this sheet. **Shown on product labels

Technician's signature_____

Client's signature_____

Rodenticide Use Record

This template must be used in conjunction with the site survey and environmental risk assessment (ERA) record if bait points were topped up, and the quantity of bait used recorded.

SITE SURVEY AND ERA REFERENCE	INSPECTION DATE	NAME OF BAIT	BAIT POINT 1	BAIT POINT 2	BAIT POINT 3	BAIT POINT 4	BAIT POINT 5	BAIT POINT 6	BAIT POINT 7	BAIT POINT 8	BAIT POINT 9	BAIT POINT 10

Plan of Baiting Points (Site Survey)

Training Record

Complete a training record for each staff member and ensure copies of relevant certificates are kept

NAME		START DATE		JOB ROLE/POSITION	
EXPERIENCE					
TRAINING/EVENT DATE(S)	TYPE OF TRAINING/EVENT		TRAINING PROVIDER		NOTES

NAME		START DATE		JOB ROLE/POSITION	
EXPERIENCE					
TRAINING/EVENT DATE(S)	TYPE OF TRAINING/EVENT		TRAINING PROVIDER		NOTES

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EXPERIENCE					
TRAINING/EVENT DATE(S)	TYPE OF TRAINING/EVENT		TRAINING PROVIDER		NOTES

NAME		START DATE		JOB ROLE/POSITION	
EXPERIENCE					
TRAINING/EVENT DATE(S)	TYPE OF TRAINING/EVENT		TRAINING PROVIDER		NOTES

Complaint Register

NAME AND ADDRESS OF COMPLAINANT	DATE RECEIVED	NATURE OF COMPLAINT	PROPOSED CORRECTIVE ACTION	DATE ACTION FINISHED