



LOAD OUT REPORT

Version 2

FORM BC117

Ship Date:	Farm Name:
Farm Representative:	Catching Contractor:
Contact Email:	Lead Catching Supervisor:
Contact Phone:	Start Time:

PRIOR TO LOADING

Producer Responsibilities	Comments:
Barn doors unlocked: <input type="checkbox"/> yes <input type="checkbox"/> no	
Feed & water lines raised: <input type="checkbox"/> yes <input type="checkbox"/> no	
Temperature & ventilation adjusted: <input type="checkbox"/> yes <input type="checkbox"/> no	
Barn lighting adjusted: <input type="checkbox"/> yes <input type="checkbox"/> no	
Notify catchers of abnormalities <input type="checkbox"/> yes <input type="checkbox"/> N/A	

Lead Supervisor Responsibilities	Comments:
Ensure catchers are trained: <input type="checkbox"/> yes <input type="checkbox"/> no	
Training records available: <input type="checkbox"/> yes <input type="checkbox"/> no	
Catching SOP's available: <input type="checkbox"/> yes <input type="checkbox"/> no	
Notify farmer of abnormalities: <input type="checkbox"/> yes <input type="checkbox"/> N/A	

Farm Review	Comments:
Yard conditions facilitate loading: <input type="checkbox"/> yes <input type="checkbox"/> no	
Washroom facilities available: <input type="checkbox"/> yes <input type="checkbox"/> no	
Loading area: <input type="checkbox"/> smooth <input type="checkbox"/> rough <input type="checkbox"/> other	
Confirm barns/floors being shipped:	

Names of Catchers:

Transfer of Care	Comments:
Discussed health and condition of flock: <input type="checkbox"/> yes <input type="checkbox"/> no	
Are birds ready to be loaded and shipped? <input type="checkbox"/> yes <input type="checkbox"/> no	

Farm Representative Signature: _____

Lead Supervisor Signature: _____



DURING CATCHING

Max # of birds per drawer:	
Max # of birds per hand:	

Observations during Catching	Comments:
Did the farm representative observe the catching process? <input type="checkbox"/> yes <input type="checkbox"/> no	
Was the load out equipment in good working condition? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>If no, please explain:</i>	
Corrective action(s) taken:	

AFTER LOADING

Observations after Catching	Comments:
Were birds loaded in a timely, efficient manner to minimize bird stress? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>If no, please explain:</i>	
Corrective action(s) taken:	
Was it necessary to contact the farm representative during catching? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>If yes, was the representative readily available?</i>	

Barn Conditions	Comments:
Litter condition: <input type="checkbox"/> wet <input type="checkbox"/> damp <input type="checkbox"/> dry <input type="checkbox"/> other	
Did you notify the farm representative of any abnormalities? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	
Damage to barns or equipment: <input type="checkbox"/> yes <input type="checkbox"/> no	
Estimated number of birds not fit for loading:	
Estimated number of mortalities left in barn:	

Completion of Catching	Time:
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Farm Representative Signature: _____

Lead Supervisor Signature: _____