Disaster Flock Checklist

Farm Name: _____ Licence Number: _____ Allocation Period: A- _____

Hatchery: _____ Processor: _____

Choice of Compensation - select one option or a combination of both options listed blow.

A. Carry forward up to a max of 10% of underproduction sleeve 6 cycles (Period A-

B. Lese up to a max of 10% of underproduction sleeve 6 cycles to

License #: _____ (must be in the same processor group)

Grower Requirements - please attach the requested documents listed below.	Growers Initials	Staff Initials
1. Receipt for sample taken to the vet	_____	_____
2. Vet report	_____	_____
3. List of all mitigating actions taken by the grower following vet's diagnosis	_____	_____
4. Claim for underproduction with rationale	_____	_____
5. Proof of full C&D after problem flock was shipped	_____	_____
6. Affirmation from grower & hatchery/processor that no compensation was provided/received on the underproduction between 100% and 90% of production allotment in question	_____	_____
7. Proof of credits for unusual mortality above 2% in the first 10 days following chick placement	_____	_____

BCCMB Staff Use Only

Growers request is: Approved ☐ Denied ☐ Signature _____

Is Grower in good standing with the following programs:

1. ACP Yes ☐ No ☐
2. OFFSAP Yes ☐ No ☐
3. BIO-SECURITY Yes ☐ No ☐