



R-S FEED SEQUENCING, MIXING AND DISTRIBUTION RECORD

Name of farm/building identification: PID#:

Site Manager: Person in charge: Date:
 (yy/mm/dd)

INSTRUCTIONS

This record must be completed for feed sequencing and for medicated rations made on-farm.

1. Each batch must be recorded in chronological order.
2. Each flush must be recorded.
3. Deviations must be recorded on the Incident Report (R-2).

Date	Ration Name or Number	Medicated?		Flush?		Quantity Produced	Destination		Comments	Initials
		YES	NO	YES	NO		Bin ID	Pen/Room ID		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

