APPENDIX

CQA® Forms

The forms on the following pages are recommended CQA® program record keeping forms. You may create your own forms if you wish, provided that all of the critical information from these sample forms is reflected in your system.

Records may be kept electronically, either on a computer (using spreadsheets or other forms of your own design) or by commercially-available computerized record keeping systems (herd health, production analysis or feed mill software).

The following forms are contained in this Appendix:

Swine Movement Document: This form is used to record withdrawal times (which have not yet cleared) prior to selling animals for breeding stock or further finishing. Only those treatments that have not cleared the withdrawal time need be recorded. It is also used to record any suspected or known broken needle fragments in any animal. Because this also provides an "incoming pig treatment record", when you receive animals on your farm, be sure to file the forms in order to prove to your validator that you are successfully managing the risk of chemical residues or physical hazards.

Rations Used On Farm: This form provides a record of different feed rations used on your farm, regardless of whether they are purchased as complete feed or manufactured on your farm. It acts as a record of feeds used and chosen suppliers, and indicates which feeds are medicated together with the medication information related to that ration.

If you are pulse medicating a ration, be sure to indicate the medicated and non-medicated versions as two different rations. Remember that any medication used in a manner other than as described on the medication label or in the Medicated Ingredients Brochure (MIB) requires a veterinary prescription. As with all your records, this form should be reviewed periodically to ensure that it is accurate and up-to-date. It is suggested that you date the form to indicate when it was created or last reviewed.

Feed Mixing and Sequencing Record: This is a record of the order (sequencing) in which feed is manufactured on your farm. Proper sequencing minimizes the risk of cross-contamination of different rations. Your CQA® validator will check this record to ensure that feed is properly sequenced. If you flush your mill as part of the sequencing process, flushes must also be recorded. It is recommended that you record mill calibration on this form as well, in order to ensure that the information will be easy to find when you need it.

Medication and Vaccine Usage Plan: This form is used to record medications used on your farm, their purpose(s), their administration (dosage, route of administration), withdrawal times and

caution information. Any prescription medications must be marked with a black box containing the letters "Pr" in white and may only be used when you have a valid veterinary-client-patient relationship. As well, you must have written directions for their use. Any off-label use, whether for a Pr drug or otherwise, must be accompanied by directions signed and dated by your veterinarian. In both cases, this form may be used as those directions. In the case of Pr drugs, you are encouraged to keep a copy of the product label or package insert as well. Have your veterinarian sign and date your plan, to demonstrate that he/she is aware of it, has approved the products included on it, and has approved the dosage rates, routes of administration and withdrawal times being used and recorded.

Pen or Individual Treatment Record: This form is used to record all treatments, including those administered via drinking water. You may also wish to use this form to record start and end dates for medicated feed. Specifically, the CQA® program requires that all treatments beyond 50 lbs. live weight be recorded (including breeding stock); however, should you wish to record prior treatments (for example, if you sell weaner pigs and are making purchasers aware of withdrawal times or needle fragments) you may include them in this record.

Corrective Action Form: You will find two Corrective Action sample forms in this section of the Assessment Form. The first of these is in a format similar to the other forms that have been created for CQA® and allows you to record several corrective actions on one form. If you choose to use this or a similar version of this form, you may need to use several lines to properly describe the deviation and corrective action. Do not feel that you are limited in your descriptions by the amount of space on a single line.

The second sample form allows for only one deviation and corrective action to be recorded per page. This form, however, allows plenty of room to write out the descriptions of the deviation and corrective action. Feel free to use either of these forms as they are presented or to create a similar form of your own design to record deviations and corrective actions. Remember, though, that you must identify what went wrong (deviation) as well as how it was corrected (corrective action) and it must be signed and dated by the staff member and management. Use the samples as a guide.

Verification Record: Verification is required for specific questions of the On-Farm Quality Assessment Form. In this sample Verification Record, you will find each area requiring verification identified. For each verification, the responsible staff people must be identified and the date that observation of staff, review of written protocols and review of written records occurred must be recorded. If any inconsistencies or discrepancies are observed by the verifier, these must also be recorded. Don't forget that if any inconsistencies or discrepancies are identified that these require corrective action.

SWINE MOVEMENT DOCUMENT

SECTION 1: PRODUCER/ASSEMBLY YARD SECTION

PID SITE NAME: ..... PHONE #: ..... PID #: ..... DATE OF DEPARTURE (yy/mm/dd): ..... TIME OF DEPARTURE: .....

Barn exclusive herd mark (tattoo numbers or ear tag numbers)	Total Number of hogs	Fasting Period	Broken Needles YES	Broken Needles NO	Comments
			◯	◯	
			◯	◯	

Statements	YES	N/A
1A: For CQA Farm to Assembly or Slaughter movement: "I attest that these pigs were produced in accordance with the standards of the CQA Program on use of veterinary drugs, and that the pigs have met all withdrawal periods as recommended by the manufacturer or ordered by a veterinarian."	◯	◯
1B: For CQA Farm to CQA Farm movement: "I attest that these pigs were produced in accordance with the standards of the CQA Program on use of veterinary drugs." The longest outstanding withdrawal period ends on: _____ (date) or ○ No outstanding withdrawal period.	◯	◯
2: "I attest that these pigs were not fed with feed containing ractopamine and were produced in accordance with the Canadian Ractopamine-Free Pork Certification Program (CRFPCP)."	◯	◯
Other statements needed.	◯	◯

PRODUCER OR PERSON IN CHARGE (Printed Name): .....

PRODUCER OR PERSON IN CHARGE SIGNATURE: ..... DATE (yy/mm/dd): .....

SECTION 2: TRANSPORTER SECTION

NAME OF TRANSPORT COMPANY: .....

LICENCE PLATE NUMBER OR CONVEYANCE IDENTIFICATION: ..... PHONE #: ..... TQA/CLT #: .....

Statement	YES	N/A
"I hereby certify that these pigs were not mixed during transport with pigs non-certified to the CRFPCP and the truck was fully cleaned if livestock that may have come in contact with ractopamine were previously transported in this vehicle."	◯	◯

DRIVER NAME (Printed): .....

DRIVER SIGNATURE: ..... DATE (yy/mm/dd): .....

SECTION 3: DESTINATION

FARM/SLAUGHTER ESTABLISHMENT NAME: ..... FARM/SLAUGHTER ESTABLISHMENT RECEIVING PERSON NAME (Printed): .....

DELIVERY DATE (yy/mm/dd): ..... DELIVERY TIME: ..... FARM/SLAUGHTER ESTABLISHMENT RECEIVING PERSON SIGNATURE: .....

Total Pigs # on arrival	DOA	Downers	Subject	Comments

RATIONS USED ON FARM

For All Rations					For Medicated Rations			
Ration eg. starter #1	Purchased (P) or made on Farm (OF)	Medicated? Yes or No	Which are used? (M)icro (P)remix (S)upplement or (C)omplete feed	Supplier of the premix, supplement or complete feed	Name of the medication used	Kg of medication per 1,000 Kg of feed	Grams of active ingredient per tonne of feed	Withdrawal time in days

FEED MIXING AND SEQUENCING RECORD

Date	Ration	Medicated? Yes/No	Quantity Produced	Person Who Mixed It	Destination

MEDICATION & VACCINE USAGE PLAN ON FARM

I.M. – In the Muscle
S.Q. – Under the Skin
I.W. – In the Water
Pr – Prescription Drug
I.V. – In the Vein

Product Name	Manufacturer	Pr or non-Pr	Why it's used	Dosage	Route used	Product contraindications, cautions and warnings*	Where it is stored on the farm	Withdrawal time in days

Producer signature _____ Date: _____

Veterinarian signature** _____ Date: _____

* Product contraindications and warnings should refer only to human or animal health concerns related to product usage.
** The signing veterinarian assures that all prescription medication and extra-label use outlined in this plan are prescribed by him/her under a valid VCPR and that any compounded products have been compounded according to provincial regulation and following the protocol for identity testing of Active Pharmaceutical Ingredients outlined by the Canadian Association of Swine Veterinarians.

PEN OR INDIVIDUAL TREATMENT RECORDS FOR ALL PIGS BEYOND THE WEANING PHASE

(This form can be used for growers, finishers, sows and barbecue pigs)

I.M. – in the muscle I.W. – in the water I.V. – in the vein S.Q. – under the skin

Date	Animal or pen ID	Number of animals	Product name	Reason the product was used	Amount given and the route used	Who gave it	Weight of the treated pig	Withdrawal time in days	Not to go before (date)	Treatment result	Needle broken?

CORRECTIVE ACTION FORM

Complete this form in the event that a deviation occurs ("What would you do if something went wrong?"). Identify the date the error was identified and describe what actions were taken to correct it. Use as much space as necessary and include details such as who was consulted, the specific actions taken, how animals were identified and where any additional records were written, etc. Both the employee responsible for taking the corrective action as well as the manager are to sign to indicate that the action is complete.

Date	Error (refer to Assessment Form question and describe)	Corrective Action	Staff Signature	Management Signature

CQA® CORRECTIVE ACTION FORM

Date:
What happened?
Why did the problem occur?
What was done to rectify the problem?
What did you do to ensure it doesn't happen again?

Signature of Person Correcting Problem: _____

Signature of Person Conducting the Verification: _____

CQA® VERIFICATION RECORD

Producer _____ Year _____

Protocol	Protocol routinely performed by (Indicate Staff member(s))	Written procedures Reviewed (Date)	Records reviewed (Date)	Observation of staff (Date)	Problems or discrepancies	Name and signature of verifier
Feed mixing and delivery						
Injections						
Water medication						
Medication and vaccine use						
BBQ pigs						