


SECTION A: HATCHERY		To be completed by the Hatchery		British Lion Quality		BEIC LION CODE OF PRACTICE				British Lion Quality						
PH	BEIC Reg No.	NAME OF HATCHERY		ADDRESS AND POST CODE		LAYING HEN PASSPORT										
	2	HGL Eye Hatchery		Eye Hatchery Green Road, Eye		TO ACCOMPANY THE MOVEMENT OF BIRDS AT ALL TIMES										
PASSPORT NUMBER	45.2013-1					SECTION: A1 SALMONELLA STATUS BREEDER & HATCHERY - To be completed by Hatchery										
BREED(S)	HATCHED		BREEDER FARM(S) MAKING UP BATCH		CODE REF	BREEDER FARM TESTING		RESULT	BREEDER FARMS AND HATCHERY TO CONFORM TO THE DEFRA (SG OR DARD) CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF SALMONELLA IN BREEDING FLOCKS AND HATCHERIES, AND CONTROL OF SALMONELLA IN POULTRY ORDER (2007) OR ANY AMENDMENT THEREOF							
	DAY-MONTH-YEAR	30-Jul-2020	ENTER BEIC BL REG No.		2-D5	BR: POST CLEANING AND PRIOR TO NEW FLOCK		Neg								
Shaver	BATCH SIZE (GROSS)	20 502	GO/BL139		2-D 6-7-8-9	BR: PARENT REARING FLOCK MONITORING		Neg								
					3-D 6-7-8	BL: POST CLEANING AND PRIOR TO NEW FLOCK		Neg								
BEAK TREATED? DAY-OLD ONLY	TREATED Y/N	ANIMAL TRANSPORTATION CERTIFICATE AVAILABLE?	YES	NAME OF HAULER		CODE REF	HATCHERY TESTING		RESULT	I confirm that Post-Cleaning and Parent Flock Monitoring samples have been tested in accordance with the Lion Code of Practice V7 (or any amendments there of) and the National Control Programme requirements, with these results for non-vaccinal SE, ST, SH, SI, SV. (N = Negative, P = Positive), and that any in-hatchery medication (other than routine vaccination) has been recorded in Section D.						
	Y		<input checked="" type="checkbox"/>	Joice and Hill Poultry Ltd.		4-K4	HATCHERY MONITORING PROGRAMME		Neg							
			NO			NAME	POSITION	SIGNATURE	DATE							
							Internal Sales						30-Jul-2020			
SECTION B: PULLET REARING FARM				To be completed by the Pullet Rearer				SECTION: B1 PULLET REARING FARM SALMONELLA STATUS				To be completed by the Pullet Rearer				
PR	BEIC Reg No.	NAME - ADDRESS - POSTCODE						CODE REF	PULLET REARING FARM TESTING		LAB REF	SAMPLE REFERENCE - PER HOUSE		RESULT		
	826	Orange Lane Poultry Farm, Orange Lane Poultry Farm, Orange Lane, COLDSTREAM TD12 4LY, United Kingdom						5-D5	POST CLEANING AND PRIOR TO NEW FLOCK		2484138/9	4			N	
HOUSE NAME or REF No.	4						5-D6	DAY-OLD HATCHER TRAY LINERS AND DOA'S		2489050	4			N		
TOTAL BIRDS HOUSED	20,502						5-D6	BOOT SWABS OR FAECES, AND DUST 2 WEEKS PRIOR TO TRANSFER		25861878	4			N		
CAGE REARED YES/NO	No						I confirm that Post Cleaning samples, Day-Old samples and 2 week Prior to Transfer samples have been tested in accordance with the Lion Code of Practice V7 (or any amendments there of) and National Control Programme requirements, with these results for non-vaccinal SE / ST.									
LITTER REARED YES/NO	Yes						(N = Negative, P = Positive) and that the medicines records in Section D are correct and complete up to the time of dispatch.									
ARE BIRDS ORGANICALLY REARED?		FULLY REARED Y/N	N	PART REARED Y/N	N											
COCCIDIOSTAT USED?		ARE BIRDS BEAK TREATED?		ANIMAL TRANSPORTATION CERTIFICATE AVAILABLE?		SECTION B2: PULLET REARING FEED SOURCE									To be completed by Pullet Rearer - Ref: 5-E8	
YES	AGE MAX 12 WKS	NO	YES/NO	YES/NO	Yes	PULLET REARING FARM	OWN MILL	COMMERCIAL MILL	NAME OF MILL	BEIC No.	UFAS No.	RETAINED SAMPLES?				
		✓	Yes		Dodds Transport			✓	Thornon	FM72	216	YES/NO	Yes			
ENTER NAME OF COCCIDIOSTAT						SAMPLES FROM EACH DELIVERY MUST BE RETAINED FOR A MINIMUM OF 12 WEEKS										
SECTION B3: SALMONELLA VACCINATION HISTORY				To be completed by Pullet Rearer prior to, or on day of movement of birds												
DATE VACCINATED	BIRD AGE (WEEKS)	TOTAL BIRDS VACCINATED	VACCINE BRAND NAME	BATCH No.(s)	EXPIRY DATE	VACCINE SUPPLIER (VET)	VACCINE SUPPLIER'S INVOICE No.	INVOICE DATE	NAME OF VACCINATOR							
03/02/20	0.4	20,502	Salmonella Duo	ES694E	28/02/21	Lachoban	38384	31/07/20	Grant Dodds							
15/09/20	6.5	" "	" "	" "	" "	" "	" "	" "	" "							
12/11/20	15	" "	" "	" "	" "	" "	" "	" "	" "							
I confirm the number of birds listed have been vaccinated in accordance with the Lion COP V7. and have been dispatched to:-		ENTER TOTAL BIRDS MOVED	ENTER NAME - ADDRESS & POSTCODE OF LAYING FARM				NAME OF PERSON CONFIRMING DELIVERY		POSITION							
		20,060	High Ennottad Farm, North Tradingham, Diffield, YO25 8JS				SIGNATURE		Planning Manager							
									DATE 17/11/20							

SECTION C: LAYING FARM												To be completed at the Laying Farm																			
LF		BEIC Reg No.		NAME OF PRODUCER / FARM				FARM NAME IF DIFFERENT				ADDRESS AND POST CODE				PRODUCER ESTABLISHMENT No.															
SECTION C1: PULLET RECEIPT AT LAYING FARM												To be completed on day of receipt of Pullets from Pullet Rearer																			
I CONFIRM RECEIPT OF		ENTER TOTAL BIRDS RECEIVED		BIRDS FROM		PR 826		BEIC Reg No.		NAME & POSITION OF PERSON RECEIVING DELIVERY				SIGNATURE		DATE		IMPORTANT NOTICE FOLLOWING RECEIPT OF PULLETS AND ON COMPLETION OF SECTION C, C1, & C3 (6-E4), A COPY OF THE PASSPORT MUST BE SENT TO THE SUBSCRIBER WITHIN 14 DAYS OF PULLET DELIVERY.													
SECTION C2: LAYING FLOCK FEED SOURCE												To be completed by Laying Farm																			
LAYING FARM		OWN MILL/MMM		COMMERCIAL MILL		NAME OF MILL		BEIC No.		UFAS No.		RETAINED SAMPLES?		YES		TICK		"OFFICIAL SAMPLE" (On Behalf of Government) (Can replace 1 of the 15wk Operator Samples)		BIRD AGE		LAB REF		HOUSE NUMBER or REF No.		SAMPLE REFERENCE		DATE		RESULT "P" = Positive "N" = Negative	
SECTION C3: SALMONELLA STATUS - LAYING FARM												Laying Farm to complete																			
ENTER NUMBER OF BIRDS HOUSED BY EACH PRODUCTION SYSTEM																															
HOUSE NAME OR REF No.		ENRICHED CAGE		BARN		FREE RANGE		ORGANIC		CODE REF		LAYING FARM TESTING		BIRD AGE		LAB REF		SAMPLE REFERENCE - PER HOUSE				RESULT "P" = Positive "N" = Negative									
										6-E4		POST CLEANING AND PRIOR TO NEW FLOCK (LION)																			
										6-E5		2 PAIR'S OF BOOT SWABS/SOCKS OR 2 X 150g FAECES EVERY 15 WEEKS (LION/NCP)																			
SECTION C4: END OF LAY BIRD MOVEMENT												Laying Farm to complete at end of Lay																			
DATE(S)		BIRD AGE		TOTAL BIRDS MOVED		DEAD ON ARRIVAL		% MORTALITY		HAULIER		I confirm all testing has been carried out as required by the Lion Code of Practice V7 (or any amendments there of) and National Control Programme requirements, with these results for non-vaccinal SE / ST and that the medicines records in Section D are complete.																			
										PROCESSOR		NAME		POSITION		SIGNATURE		DATE													
ANIMAL TRANSPORTATION CERTIFICATE AVAILABLE?				YES		TICK		NO		TICK		IMPORTANT NOTICE A COPY OF THE FULLY COMPLETED PASSPORT MUST BE SENT TO THE SUBSCRIBER WITHIN 14 DAYS OF FLOCK(S) DEPLETION.																			
SECTION D: PRESCRIPTION MEDICATION HISTORY												To be completed by all Parties - Continue on a separate sheet if necessary																			
DATE		HOUSE NAME OR REF No.		AGE		PRODUCTION SYSTEM		MEDICATION BRAND NAME		PACK SIZE/DOSE STRENGTH		BATCH No.		EXPIRY DATE		PACKS USED		DAYS TREATED		WITHDRAWAL PERIOD		AUTHORISED BY (ENTER NAME OF VET)									
PASSPORT NUMBER		ALL RELEVANT DOCUMENTS TO BE AVAILABLE AT THE LAYING FARM AND BE ATTACHED WITH THE PASSPORT										ALL ANIMAL TRANSPORTATION CERTIFICATES - POST MORTEM & LABORATORY TEST RESULTS FOR SALMONELLA - WRITTEN VETERINARY DIRECTIVES (PRESCRIPTIONS)																			
45.2013-1		BEIC LION PASSPORT TO ACCOMPANY THE LION CODE OF PRACTICE V7 (and any amendments there of) AND BE AVAILABLE FOR INSPECTION WHEN REQUESTED										THIS PASSPORT IS ISSUED BY AND IS THE COPYRIGHT OF: BRITISH EGG INDUSTRY COUNCIL - SECOND FLOOR - 89 CHARTERHOUSE STREET - LONDON - EC1M 6HR - TEL: 02076083760 - FAX: 02076083860																			



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	PASSPORT NUMBER	Lower Skilts Farm		Millennium Hatchery, Lower Skilts Farm, Henley Road, Outhill Studley, warwickshire, B80 7DU																																																										
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I confirm the number of birds listed have been vaccinated in accordance with the Lion COP V7. and have been dispatched to:-		ENTER TOTAL BIRDS MOVED		ENTER NAME - ADDRESS & POSTCODE OF LAYING FARM				NAME OF PERSON CONFIRMING DELIVERY				POSITION																																																		
		16,048		High Ennotland Farm, North Frodingham, Driffeld, YO25 8JS				[REDACTED]				Planning Manager DATE 18/11/20																																																		

SECTION C: LAYING FARM - To be completed at the Laying Farm														
LF	BEIC Reg No.	NAME OF PRODUCER / FARM	FARM NAME IF DIFFERENT	ADDRESS AND POST CODE				PRODUCER ESTABLISHMENT No.						
SECTION C1: PULLET RECEIPT AT LAYING FARM - To be completed on day of receipt of Pullets from Pullet Rearer														
I CONFIRM RECEIPT OF		ENTER TOTAL BIRDS RECEIVED	BIRDS FROM	PR	BEIC Reg No. 826	NAME & POSITION OF PERSON RECEIVING DELIVERY			SIGNATURE	DATE				
IMPORTANT NOTICE FOLLOWING RECEIPT OF PULLETS AND ON COMPLETION OF SECTION C, C1, & C3 (6-E4), A COPY OF THE PASSPORT MUST BE SENT TO THE SUBSCRIBER WITHIN 14 DAYS OF PULLET DELIVERY														
SECTION C2: LAYING FLOCK FEED SOURCE - To be completed by Laying Farm														
HOUSE NAME OR REF No.	ENTER NUMBER OF BIRDS HOUSED BY EACH PRODUCTION SYSTEM				SECTION C3: SALMONELLA STATUS - LAYING FARM - Laying Farm to complete									
	CAGE	BARN	FREE RANGE	ORGANIC	CODE REF	POST CLEANING AND PRIOR TO NEW FLOCK (LION)	BIRD AGE	LAB REF	SAMPLE REFERENCE - PER HOUSE			RESULT "P" = Positive "N" = Negative		
					6-E4	POST CLEANING AND PRIOR TO NEW FLOCK (LION)								
					6-E5	2 PAIR'S OF BOOT SWABS/ SOCKS OR 2 X 150g FAECES EVERY 15 WEEKS (LION/NCP)								
SECTION C3: SALMONELLA STATUS - LAYING FARM - Laying Farm to complete														
LAYING FARM	OWN MILL	COMMERCIAL MILL	NAME OF MILL	BEIC No.	UFAS No.	RETAINED SAMPLES?	"OFFICIAL SAMPLE" (On Behalf of Government) (Can replace 1 of the 15wk Operator Samples)	BIRD AGE	LAB REF	HOUSE NAME or REF No.	SAMPLE REFERENCE	DATE	RESULT "P" = Positive "N" = Negative	
	SAMPLES FROM EACH DELIVERY MUST BE RETAINED FOR A MINIMUM OF 12 WEEKS							YES <input type="checkbox"/>	TICK <input type="checkbox"/>					
SECTION C4: END OF LAY BIRD MOVEMENT - Laying Farm to complete at end of Lay														
DATE(S)	BIRD AGE	TOTAL BIRDS MOVED	DEAD ON ARRIVAL	% MORTALITY	HAULIER		I confirm all testing has been carried out as required by the Lion Code of Practice V6 (or any amendments there of) and National Control Programme requirements, with these results for non-vaccinal S.E / S.T							
					PROCESSOR									
ANIMAL TRANSPORTATION CERTIFICATE AVAILABLE?							YES <input type="checkbox"/>	TICK <input type="checkbox"/>	NO <input type="checkbox"/>	TICK <input type="checkbox"/>	IMPORTANT NOTICE A COPY OF THE FULLY COMPLETED PASSPORT MUST BE SENT TO THE BEIC WITHIN 14 DAYS OF FLOCK(S) DEPLETION. Post to: FREEPOST BEIC			
SECTION D: PRESCRIPTION MEDICATION HISTORY - To be completed by all Parties														
DATE	HOUSE NAME OR REF No.	AGE	PRODUCTION SYSTEM	MEDICATION BRAND NAME	BATCH No.	EXPIRY DATE	DOSE STRENGTH	WITHDRAWAL PERIOD	AUTHORISED BY (ENTER NAME OF VET)					
PASSPORT NUMBER		ALL RELEVANT DOCUMENTS TO BE AVAILABLE AT THE LAYING FARM AND BE ATTACHED WITH THE PASSPORT												
21239		ALL ANIMAL TRANSPORTATION CERTIFICATES - POST MORTEM & LABORATORY TEST RESULTS FOR SALMONELLA - WRITTEN VETERINARY DIRECTIVES (PRESCRIPTIONS)												
		BEIC LION PASSPORT TO ACCOMPANY THE LION CODE OF PRACTICE V7.(and any amendments there of) AND BE AVAILABLE FOR INSPECTION WHEN REQUESTED												
		THIS PASSPORT IS ISSUED BY AND IS THE COPYRIGHT OF: BRITISH EGG INDUSTRY COUNCIL - SECOND FLOOR - 89 CHARTERHOUSE STREET - LONDON - EC1M 6HR - TEL: 02076083760 - FAX: 02076083860												

