SECTION A: HATCHERY To be completed by the Hatchery BEIC LION CODE OF PRACTICE British Writish BEIC Reg No. LAYING HEN PASSPORT NAME OF HATCHERY ADDRESS AND POST CODE **HGL Eve** TO ACCOMPANY THE MOVEMENT OF BIRDS AT ALL TIMES Eve Hatchery **PASSPORT** Hatchery Green Road, Eye 45.2013-1 SECTION: A1 SALMONELLA STATUS BREEDER & HATCHERY - To be completed by Hatchery NUMBER CODE HATCHED BREEDER FARM TESTING **RESULT** BREEDER FARMS AND HATCHERY TO CONFORM TO THE BREEDER FARM(s) MAKING UP BATCH BREED(S) DEFRA (SG OR DARD) CODE OF PRACTICE FOR THE ENTER BEIC BL REG No. DAY-MONTH-YEAR 30-Jul-2020 2-D5 BR: POST CLEANING AND PRIOR TO NEW FLOCK PREVENTION AND CONTROL OF SALMONELLA IN BREEDING Nea FLOCKS AND HATCHERIES, AND CONTROL OF SALMONELLA 2-D GO/BL139 BR: PARENT REARING FLOCK MONITORING Nea IN POULTRY ORDER (2007) OR ANY AMENDMENT THEREOF 6-7-8-9 BATCH SIZE Shaver 20 502 I confirm that Post-Cleaning and Parent Flock 3-D5 BL: POST CLEANING AND PRIOR TO NEW FLOCK Nea (GROSS) Monitoring samples have been tested in accordance 3-D with the Lion Code of Practice V7 (or any amendments Neg BL: PARENT LAYING FLOCK MONITORING 6-7-8 there of) and the National Control Programme CODE TREATED Y/N requirements, with these results for non-vaccinal SE YES NAME OF HAULER HATCHERY TESTING RESULT RFF ST. SH. SI, SV. (N = Negative, P = Positive), and that ANIMAL Υ any in-hatchery medication (other than routine **BEAK TREATED?** TRANSPORTATION 4-K4 HATCHERY MONITORING PROGRAMME Nea vaccination) has been recorded in Section D. DAY-OLD ONLY CERTIFICATE Joice and Hill Poultry Ltd. NO POSITION AVAILABLE? 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 NAME - ADDRESS - POSTCODE BEIC Reg No. PULLET REARING FARM TESTING LAB REF SAMPLE REFERENCE - PER HOUSE RESUL' Orange Lane Poultry Farm, Orange Lane Poultry Farm, Orange Lane. POST CLEANING AND PRIOR TO 5-D5 2484138/9 COLDSTREAM TD12 4LY, United Kingdom N **NEW FLOCK** HOUSE NAME DAY-OLD HATCHER TRAY LINERS 4 5-D6 2489050 or REF No. AND DOA'S N TOTAL BIRDS BOOT SWABS OR FAECES, AND DUST 20,502 5-D6 HOUSED 2586187/8 N 2 WEEKS PRIOR TO TRANSFER CAGE REARED No l confirm that Post Cleaning samples, Day-Old samples and 2 week Prior to Transfer samples have been tested in accordance with the Lion YES/NO Code of Practice V7 (or any amendments there of) and National Control Programme requirements, with these results for non-vaccinal SE LITTER REARED 425 (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 PART REARED Y/N N 17/11/20 ARE BIRDS BEAK ANIMAL TRANSPORTATION COCCIDIOSTAT USED? SECTION B2: PULLET REARING FEED SQURCE To be completed by Pullet Rearer - Ref: 5-E8 TREATED? CERTIFICATE AVAILABLE? AGE COMMERCIAL RETAINED YES NO YES/NO YES/NO NAME OF MILL BEIC No. UFAS No. Yes MAX 12 WKS MILL MILL SAMPLES? PULLET NAME OF HAULIER REARING FM72 YES/NO 216 Yor Yes ENTER NAME OF COCCIDIOSTAT FARM Transport 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 BIRD AGE TOTAL BIRDS VACCINE VACCINE SUPPLIER'S BATCH No.(s) EXPIRY DATE VACCINE SUPPLIER (VET) INVOICE DATE NAME OF VACCINATOR VACCINATED (WEEKS) VACCINATED BRAND NAME INVOICE No. 0.4 03/08/20 20,502 38384 31/07/20 2. 11 6.5 15/09/20 -1 -- 1-10 - 1 11 15 12/11/20 NAME OF PERSON CONFIRMING DELIVERY POSITION confirm the number of birds **ENTER TOTAL BIRDS MOVED** tigh Ennothed Sam, North Fredinglam, Driffield, YOZS 835 listed have been vaccinated in accordance with the Lion COP V7, and have been 20,060 dispatched to:-BEIC LION CODE OF PRACTICE V7: PAGE 1 OF 2 Version 1: Issued NOV 2013 Review NOV 2014

SECTION C: L	LAYING FARM	To be completed a	at the Laying F	arm			and the same of the same	Water and the		(1)			- Carlot II	A . The Art of the special points	Martin State of the co	tris metalining and mark bear
	BEIC Reg No.	NAME OF PRODUCER	F	FARM NAME IF DIFFERENT ADDRES				SS AND POST CODE						PRODUCER ESTABLISHMENT No.		
SECTION C1:	PULLET RECEIP	T AT LAYING FAR			mpleted		ipt of Pullets from Pulle								MPORTANT NO	
I CONFIRM RECEIPT OF		ENTER TOTAL BIR	OTAL BIRDS RECEIVED		PR	BEIC Reg No.	NAME & POSITION OF P	F PERSON RECEIVING DELIVE		DELIVERY SIGNATURE			DATE	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		
		ENTER NUMBER	OF BIRDS HOL	JSED BY EA	ACH PRO	DUCTION SYS	TEM	SECT	ON C3:	SALMONELLA STA	TUS - LAYING FA	ARM	Laying Farm to			
HOUSE NAME OR REF No.		ED CAGE BARN			FRE	E RANGE	ORGANIC	CODE	CODE REF LAYING FARM TESTING		BIRD AGE			REFERENCE - PER HOUSE		RESULT "P" = Positive
																"N" = Negative
								- 6 54		T CLEANING AND						-
								6-E4	PRIO	R TO NEW FLOCK (LION)						
								+								
				-+				-		PAIR'S OF BOOT SWABS/SOCKS OR						_
								6-E5		X 150g FAECES ERY 15 WEEKS						
				\rightarrow				-		(LION/NCP)						
LAYING	OWN MILL/MMM	COMMERCIAL MILL	NAME OF	D. College Street, St.	BEIC	by Laying Farr	RETAINED SAMPLES?	10		IAL SAMPLE" of Government)	BIRD AGE	LAB REF	HOUSE NUMBER or REF No.	SAMPLE REFERENCE	DATE	RESULT "P" = Positive "N" = Negative
FARM							YES TICK			ce 1 of the 15wk tor Samples)					18-6	· · · · · · · · · · · · · · · · · · ·
SECTION CA: E	ND OF LAY BIRD	PLES FROM EACH D	ELIVERY MUST	The second secon		omplete at end										
DATE(S)	BIRD AGE	TOTAL BIRDS MO	OVED DEA	D ON ARRI		% MORTALIT			ALCOHOLD THE	Loopfing	all tanting has bee					
DATE(8)	BIND AGE	TOTAL BIRDS W	OVED DEA	D ON ARKI	IVAL	% WORTALIT	HAULIER	(or a	ny amen	idments there of) an	all testing has been ad National Contro the medic	ol Programme re	equirements, with Section D are co	h these results fo	or non-vaccina	al SE / ST and that
		PROCESSOR				PROCESSOR	NAME			POSITION		SIGNATU	THE PARTY OF THE P	DATE		
							PROCESSOR	100								
ANIMA	AL TRANSPORTAT	ION CERTIFICATE	AVAILABLE?		YES	S TICK	NO TICK		A COPY	OF THE FULLY CO	MPLETED PASSP	IMPORTAN ORT MUST BE : DEPLE	SENT TO THE SU	BSCRIBER WITH	HIN 14 DAYS	OF FLOCK(S)
SECTION D: F	PRESCRIPTION MI	EDICATION HISTO	RY	To be cor	mpleted	by all Parties -	Continue on a separa	te sheet i	f necess	ary	PARTIES AND AND AND ADDRESS. CO.					ASSESSMENT OF THE PARTY.
DATE H	OUSE NAME OR REF No.	AGE	PRODUCT SYSTE			ATION BRAND NAME	PACK SIZE/DOSE STRENGTH	BATO	CH No.	EXPIRY DATE	PACKS USED	DAYS TREATED	WITHDRAWAL PERIOD	AUTHORISEI	D BY (ENTER	NAME OF VET)
														ı.		
PASSPOR	RT NUMBER	Residence and	Carling States				OCUMENTS TO BE AVAILAB							10000000000000000000000000000000000000	4	priting
AGUS CONTRACTOR	ELEACHER MINISTRATE			BEIC LION PA	SSPORT	O ACCOMPANY T	B - POST MORTEM & LABORA HE LION CODE OF PRACTIC	E V7.(and a	ny amendm	ents there of) AND BE AVAI	LABLE FOR INSPECTIO	N WHEN REQUESTE	:D	reministrative and the	4	1
45.2	2013-1	THIS	S PASSPORT IS IS	SUED BY AND	IS THE C	OPYRIGHT OF: BR	ITISH EGG INDUSTRY COUN	ICIL - SECC	ND FLOOR	R - 89 CHARTERHOUSE ST	REET - LONDON - EC1N	M 6HR - TEL: 0207608	3760 - FAX: 020760838	30	10	Ceality

SECTION A: HATCHERY To be completed by the Hatchery BEIC LION CODE OF PRACTICE NAME OF HATCHERY ADDRESS AND POST CODE *LAYING HEN PASSPORT* 19 TO ACCOMPANY THE MOVEMENT OF BIRDS AT ALL TIMES Millennium Hatchery, Lower Skilts Farm, Henley Road, Lower Skilts Farm PASSPORT 21239 Outhill Studley, warwickshire, B80 7DU SECTION: A1 SALMONELLA STATUS BREEDER & HATCHERY - To be completed by Hatchery NUMBER HATCHED BREEDER FARM TESTING BREEDER FARMS AND HATCHERY TO CONFORM TO THE DEFRA RESULT BREEDER FARM(s) MAKING UP BATCH CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF ENTER BEIC BL REG No. DAY-MONTH-YEAR Thu/30/07/20 2-D5 BR: POST CLEANING AND PRIOR TO NEW FLOCK N SALMONELLA IN BREEDING FLOCKS AND HATCHERIES, AND CONTROL OF SALMONELLA IN POULTRY ORDER (2007) OR ANY 2-D BL Ν BR: PARENT REARING FLOCK MONITORING AMENDMENT THEREOF 6-7-8-9 BATCH SIZE Loh Classic 16565 184 3-D5 BL: POST CLEANING AND PRIOR TO NEW FLOCK Ν (GROSS) I confirm that Post-Cleaning and Parent Flock Monitoring samples 3-D have been tested in accordance with the Lion Code of Practice V7 (or BL: PARENT LAYING FLOCK MONITORING N 6-7-8 any amendments there of) and the National Control Programme requirements, with these results for non-vaccinal SE, ST, SH, SI, SV. TREATED Y/N YES NAME OF HAULIER HATCHERY TESTING RESULT ANIMAL REF (N = Negative, P = Positive), and that any in-hatchery medication **BEAK TREATED?** YES TRANSPORTATION YES 4-K4 orded in Section D. HATCHERY MONITORING PROGRAMME DAY-OLD ONLY CERTIFICATE NO Hy-Line UK Ltd NAME AVAILABLE? supervisor 30/07/2020 SECTION B: PULLET REARING FARM To be completed by the Pullet Rearer SECTION: B1 PULLET REARING FARM SALMONELLA STATUS - To be completed by Pullet Rearer NAME - ADDRESS - POSTICODE CFP-WOT A PULLET CO LTD Orang Lang SAMPLE REFERENCE - PER HOUSE LAB REF RESULT POST CLEANING AND PRIOR TO 5-D5 2484140/1 5 N **NEW FLOCK** HOUSE NAME DAY OLD HATCHER TRAY LINERS 5-D6 or REF No. 2489051 AND DOA'S N TOTAL BIRDS BOOT SWABS OR FAECES, AND DUST 16,565 2586189/90 HOUSED 2 WEEKS PRIOR TO TRANSFER N CAGE REARED No YES /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 LITTER Practice V7 (or any amendments there of) and National Control Programme requirements, with these results for non-vaccinal SE / ST. Tec REARED (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 PART REARED Y/N 18/11/20 ANIMAL TRANSPORTATION CERTIFICATE COCCIDIOSTAT YES/NO? SECTION B2: PULLET REARING FEED SOURGE To be completed by Pullet Rearer - Ref: 5-E8 ARE BIRDS BEAK TRIMMED? AVAILABLE? AGE YES COMMERCIAL NO YES/NO YES/NO You RETAINED OWN MILL NAME OF MILL MAX 12 WKS BEIC No. UFAS No. MILL SAMPLES? PULLET NAME OF HAULIER REARING Themon PM72 YES / NO 216 Yes 400 ENTER NAME OF COCCIDIOSTAT Hatchern FARM Dolle Transport 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 **BIRD AGE** TOTAL BIRDS VACCINE VACCINE SUPPLIER'S BATCH No.(s) EXPIRY DATE VACCINE SUPPLIER (VET) VACCINATED (WEEKS) INVOICE DATE NAME OF VACCINATOR VACCINATED **BRAND NAME** INVOICE No. 16,565 03/02/05 0.4 ESG94E 28/02/21 38386 10 11 " 11 10 01 11 11 12/11/20 11 11 ~ ~ ENTER NAME - ADDRESS & POSTCODE OF LAYING FARM I confirm the number of birds ENTER TOTAL Ennotted Fam, North Fradintan, Driffeld, YO2S 845 listed have been vaccinated in BIRDS MOVED accordance with the Lion COP V7. and have been dispatched 16,048

BEIC LION CODE OF PRACTICE V7: PAGE 1 OF 2

SECTION C: LA	BEIC Reg No.	o be completed at the NAME OF PRODUCER /	ne Laying Farm	FARM NAME IF DIF	EEDENT		A-240-009	A CONTRACTOR OF THE PARTY OF TH	ENGLANCE OF		CONT. 120/10/20			The second second
LF							SS AND POS	TCODE	PRODUCER ESTABLISHMENT No.					
SECTION C1: PULLET RECE		T AT LAYING FARM - To be complete ENTER TOTAL BIRDS RECEIVED		OS BEIC	rullets from Pullet F Reg No. NAME &	Rearer Position of Pers	SON RECEIV	ING DELIVERY SIGNATURE	IMPORTANT NOTICE FOLLOWING RECEIPT OF PULLETS AND ON COMPLETION OF SECTION C, C1, & C3 (6-84), A COPY OF THE PASSPORT <u>MUST</u> SENT TO THE SUBSCRIBER WITHIN 14 DAYS OF PULLET DELIVER					
HOUSE NAME		ENTER NUMB	ER OF BIRDS HOUSED E	Y EACH PRODUCTIO	ON SYSTEM		SECTIO	ON C3: SALMONELLA STATU	SERVING THE GODGE	JAIDER HITHIR 14 D	ATS OF PULLET DELIVE			
OR REF No.	CA	AGE	BARN	FREE RA	INGE	ORGANIC	CODE	POST CLEANING AND PRIOR TO NEW FLOCK (LION)	BIRD AGE	LAB REF	H ESTANDARD TANK	REFERENCE - PER HOUSE		RESULT "P" = Positive "N" = Negative
							6-E4	POST CLEANING AND PRIOR TO NEW FLOCK (LION)						- Nogalive
							6-E5	2 PAIR'S OF BOOT SWABS/SOCKS OR 2 X 150g FAECES EVERY 15 WEEKS (LION/NCP)						
SECTION C2: LA	PARTY MANAGEMENT STORY	ED SOURCE - To b	pe completed by Laying	Farm							HOURENAME			RESULT
LAYING FARM	OWN MILL	MILL	NAME OF MILL	BEIC No.	UFAS No.	RETAINED SAMPLES? YES TICK	(On I	Behalf of Government) on replace 1 of the 15wk	BIRD AGE	LAB REF	HOUSE NAME or REF No.	SAMPLE REFERENCE	DATE	"P" = Positive
ECTION CA. FAIR	S/	AMPLES FROM EACH	DELIVERY MUST BE RE	TAINED FOR A MINIM	IUM OF 12 WEEKS	TICK		Operator Samples)						
DATE(S)	BIRD AGE	TOTAL BIRDS M	Farm to complete at 6 OVED DEAD ON A		RTALITY	HAULIER		I co (or any amendments ti	onfirm all testing has	been carried out as	required by the Lion	Code of Practice V	6	中央公司的
					PR	COCESSOR	NAME		POSITION	Control Programm	SIGNATURE		on-vaccinal S.E /	DATE
		ON CERTIFICATE	AVAILABLE? Y - To be completed b	YES Yall Parties	TICK N	TICK		A COPY OF THE FULLY	COMPLETED PASSE	IMPORTAN PORT MUST BE SE Post to: FREE	NT TO THE BEIC WIT	THIN 14 DAYS OF FI	LOCK(S) DEPLET	ION.
	USE NAME OR REF No.	AGE	PRODUCTION SYSTEM	MEDICATION BRAND NAME			BATCH	No. EXPIRY DATE	DOSE STRENGTH WITHDRAWAI PERIOD			AUTHORISED BY (ENTER NAME OF VET)		
								·						
PASSPORT	NUMBER			ALL	RELEVANT DOCUMEN	TS TO BE AVAILABLE	E AT THE	YING FARM AND BE ATTACHED WITH	THE DARROW					
21239		THIS PASSPO		T TO ACCOMPANY T	FICATES - POST MORTE	EM & LABORATORY T	EST RESUL	TS FOR SALMONELLA - WRITTEN VETE dments there of) AND BE AVAILAI FLOOR - 89 CHARTERHOUSE S	ERINARY DIRECTIVES (P		TED 076083760 EAV: 000	77002000	13	itias Quality