

Consignment Identification Number: AL MESSILAH V118

### DECLARATION OF WELFARE AND SUPERVISION OF LOADING OF LIVESTOCK

Vessel name: AL MESSILAH Date of loading 7+8-8-11

Gross Loading area \_\_\_\_\_ Net Loading Area s47G(1)(a) Who Obtained \_\_\_\_\_

Loading Capacity \_\_\_\_\_ Loading Capacity Obtained from \_\_\_\_\_

PLEASE NOTE: Area of hospital pens and area of pens used for feed storage must be excluded from the calculation of true loading area.

Average weight of Animals (kg): s47(1)(b)

Maximum number to be loaded (head): \_\_\_\_\_  
(In accordance with minimum space requirements outlined in attached table)

Assembly point: s47G(1)(a)

Number actually loaded (head): 66918 HEAD

FOODER		WATER	
RETURNED:	LOADED:	LOADED:	MADE:
Type: _____	<u>s47(1)(b)</u> <u>T BULK FOODER</u>	<u>s47(1)(b)</u> <u>ON BOARDS</u>	<u>s47(1)(b)</u> <u>1 BAT</u>
Wt _____ tons	Condition: <u>s47(1)(b)</u> <u>CHAFF</u>	(In accordance with water volume requirements outlined in attached calculations).	
Condition:	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Mould/Wet <input type="checkbox"/> Contam'd	<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Unsatisfy
<input type="checkbox"/> OK	Loaded Wt: _____ Tonne		
<input type="checkbox"/> Mould/Wet	(In accordance with feed volume requirements outlined in attached calculations).		
<input type="checkbox"/> Contam'd	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfy		

s.22(1)(a)(ii),s.47F \_\_\_\_\_, being the exporter/exporter's agent declare that the above information is correct. Copies of weighbridge dockets and calculations supporting the above information will be provided to the Certifying Veterinary Officer or the authorised welfare supervisor on request.

8.8.2011

Signature \_\_\_\_\_ Date

I, s.22(1)(a)(ii),s.47F (1) \_\_\_\_\_, being the authorised welfare supervisor, supervised the loading of livestock aboard the above vessel on 7+8-8-11 (date).

Throughout loading I monitored the welfare interests of stock as set out in attached check-list. I declare that after due enquiry and to the best of my knowledge the information contained on this form is true and correct.

Signature s.22(1)(a)(ii),s.47F (1) \_\_\_\_\_ Date 8-8-11

PLEASE NOTE: You are advised that this document is to be presented to a Commonwealth Officer for the purposes of the Export Control Act 1982. False or misleading statements in this document may render you liable for prosecution under Commonwealth Law - the Export Control Act 1982, the Crimes Act 1914 or other appropriate legislation.

Consignment Identification Number: AL MESSILAH VII9

Minimum space requirements for Cattle transported by sea

Body Weight Kg	Area M <sup>2</sup> /Head	Body Weight	Area M <sup>2</sup> /Head-voyage of 10 days or more	Area M <sup>2</sup> /Head - voyage of less than 10 days
200	0.778	410	1.484	1.478
210	0.804	420	1.518	1.506
220	0.838	430	1.552	1.533
230	0.872	440	1.586	1.560
240	0.906	450	1.62	1.588
250	0.94	460	1.654	1.615
260	0.974	470	1.688	1.643
270	1.008	480	1.722	1.670
280	1.042	490	1.756	1.698
290	1.076	500	1.79	1.725
300	1.11	510	1.824	1.753
310	1.144	520	1.858	1.780
320	1.178	530	1.892	1.808
330	1.212	540	1.926	1.835
340	1.246	550	1.96	1.863
350	1.28	560	1.994	1.890
360	1.314	570	2.028	1.918
370	1.348	580	2.062	1.945
380	1.382	590	2.096	1.973
390	1.416	600	2.13	2.000
400	1.45			

Space Requirement Calculations

SEE ATTACHED CALCULATIONS :

s47 (1)(b)

Calculations for Feed and Water

**Water requirements**

= 0.08 x weight of animals (kg) x number of expected days on board vessel + provision for 3 extra days or 25% (whichever is least).

s47 (1)(b)

**Feed requirements**

= 0.02 x weight of animals (kg) x number of expected days on board vessel + provision for 3 extra days or 25% (whichever is least).

s47 (1)(b)

Consignment Identification Number: AL MESSILAH VIII

**WELFARE MONITORING CHECKLIST GUIDE**

VESSEL/AEROPLANE & EQUIPMENT INSPECTION	STOCK HANDLING
<p>For all defects or faults please provide details of defect / fault type.</p> <p><b>LOADING FACILITIES</b></p> <p>Wharf ramp: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>VESSEL/AEROPLANE:</p> <p>Vessel Ramp Entries: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Vessel's Ramps: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Vessel's Ramp Exits: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Vessel's Alley/Race-ways: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Vessel's Pens: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Containers (aircraft): <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Defect Type: _____</p> <p>Defect Type:</p> <p>① Floors (a) Slippery (b) Plates/Covers (c) Cracks (d) Sharp                      ② Gradient ③ Flooring/Sight-boards ④ Projections                      ⑤ Bends/Turns ⑥ Controls/Gates/Railing ⑦ Lighting                      ⑧ Drainage ⑨ Dimensions (a) Narrow (b) Wide (c) Low                      ⑩ Ventilation: (a) Air Changes/Flow (b) Air Distribution                      ⑪ Other</p> <p>Troughing: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Vet Kit: <input type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Humane Killer: <input type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      VESSEL: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory</p> <p><b>ROAD TRANSPORTS</b></p> <p>Crates: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Floors: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Unloading Ramps: <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory</p> <p><b>ACTION TAKEN:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>For all defects or faults please provide details of defect / fault type</p> <p><b>WHARF LABOUR:</b>  <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Fault Type: _____</p> <p><b>VESSEL'S CREW:</b>  <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Fault Type: _____</p> <p><b>OTHER STOCKMEN:</b>  <input checked="" type="checkbox"/> OK <input type="checkbox"/> Unsatisfactory                      Fault Type: _____</p> <p><b>Fault Type:</b></p> <p>1 Staffing Level :                      Control/Intervention: (a) Excessive (b) Untimely (c) Traumatic (d) Inadvertent</p> <p>3 Movement (a) Excessive (b) Untimely                      4 Noise: (a) Excessive (b) Untimely                      5 Goading: (a) Excessive (b) Untimely (c) Traumatic                      6 Other</p> <p><b>STOCK INJURIES AND DISPOSITION:</b></p> <p><b>INJURIES:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Truck <input type="checkbox"/> Vessel No. <u>2</u></p> <p><b>MORTALITIES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Truck <input type="checkbox"/> Vessel No. <u>2</u></p> <p><b>NUMBER OF ANIMALS REJECTED:</b> <u>809</u></p> <p><b>REASONS:</b> <u>SEE FORM 16</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>ACTION TAKEN:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p>