



APPROVED INDICATOR QUALITY CONTROL FORM (TAG DEALER)

RETURN by email at info@canadaid.ca or fax to 403-275-1668
or by mail to 7646 – 8 Street, N.E. Calgary, Alberta T2E 8X4

Please complete and print this form for each indicator-related complaint. When possible, send samples of problem indicators marked to the attention of Canadian Cattle Identification Agency's (CCIA) CSR Team Lead at 7646 - 8 Street N.E., Calgary, Alberta T2E 8X4.

Send completed forms marked to the attention of CCIA's CSR Team Lead at the address listed above or by facsimile to 403-275-1668.

IMPORTANT NOTE: You will be contacted in the investigative follow-up process.

Company Name		Contact Name										
Main Telephone		Alternate Telephone										
Fax		Email										
Address												
1	Date of complaint (YYYY/MM/DD)											
2	<table border="1"> <tr> <td>CLTS Account ID #</td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			CLTS Account ID #	A							
CLTS Account ID #	A											
3	*Brand/maker <input type="checkbox"/> Allflex <input type="checkbox"/> Destron <input type="checkbox"/> Y-TEX <input type="checkbox"/> Zee Tag											
4	Date of purchase, if known (YYYY/MM/DD)											
5	* When were the indicators (tags) received? Date received (YYYY/MM/DD)											
6	What is the indicator-related problem? <input type="checkbox"/> Incorrect labeling <input type="checkbox"/> Package not sealed <input type="checkbox"/> Numbering sequence incorrect <input type="checkbox"/> Loose tags in package <input type="checkbox"/> Missing studs <input type="checkbox"/> Missing indicators (numbers) *(if indicators are missing, it is important for us to know the numbers)											
7	* Which approved indicator numbers were affected?											



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Tag Dealer Observations *(Additional Comments)*

CCIA Staff Observations *(Internal Use Only)*

Investigative Outcomes *(Internal Use Only)*

Item	Description and Notes	Follow-up	Investigative Outcomes Action-Required Date?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Follow-up Conducted *(Internal Use Only)*

At site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
By telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note: Will provide key information for evaluation*

Action approved by

Name _____

Date _____

Signature _____

By submitting this form, I **certify**, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct. I **consent** to the use and disclosure of the information provided on this form by Canadian Cattle Identification Agency for the purposes indicated on this form; to update my Canadian Livestock Tracking System database account; to contact me to either confirm the information I have provided; for follow up; and/or for regulatory reporting required under Part XV of the *Health of Animals Regulations* (C.R.C., c.296) or reporting to the relevant authorities; where required. I **acknowledge** that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of applicable privacy legislation.