



APPROVED INDICATOR QUALITY CONTROL FORM
RETURN by email at info@canadaid.ca or fax to 403-275-1668
 or by mail to 7171-107 Avenue SE Calgary, AB T2C 5N6

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 7171-107 Avenue SE, Calgary, Alberta T2C 5N6.

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 may be contacted in the investigative follow-up process.

Name	Main Telephone										
Alternate Telephone	Fax										
Email											
Address											
1	Date of complaint (YYYY/MM/DD)										
2	Name and organization of person receiving complaint (if not CCIA, directly) Name _____ Organization _____										
3	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 15%;">CLTS Account ID #</td> <td style="width: 5%;">A</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>	CLTS Account ID #	A								
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4	* Type of livestock operation <input type="checkbox"/> Cow/Calf <input type="checkbox"/> Feedlot <input type="checkbox"/> Backgrounder										
5	Where did you purchase the approved indicators? _____ Name _____ Location of retailer _____										
6	* Brand/manufacture <input type="checkbox"/> Allflex <input type="checkbox"/> Destron <input type="checkbox"/> Reyflex <input type="checkbox"/> Y-Text <input type="checkbox"/> Zee Tag										
7	* Which brand of applicator was used to apply the approved indicator? Type of applicator, if known _____ Colour of applicator _____										
8	Date of purchase, if known (YYYY/MM/DD)										
9	* When were the indicators applied? <input type="checkbox"/> Calving <input type="checkbox"/> Branding <input type="checkbox"/> Weaning Date applied (YYYY/MM/DD)										
10a	When was the indicator-related problem identified? <input type="checkbox"/> In pasture/feedlot <input type="checkbox"/> After shipping										
10b	<input type="checkbox"/> Is the animal's ear torn (indicator ripped out)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If the ear is not torn, is there just a hole left? <input type="checkbox"/> Yes <input type="checkbox"/> No										
11	* Which approved indicator numbers were affected?										



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ENVIRONMENTAL FACTORS			
Temperatures	<input type="checkbox"/> °F	<input type="checkbox"/> °C	Observations
Extreme cold – estimated maximum low, if known			
Extreme heat – estimated maximum high, if known			
Average high for region, if known			
Average low for region, if known			
Ultra-violet Light Exposure (Sun Exposure)			
Estimated level	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Seasonality (please check one)	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall <input type="checkbox"/> Winter
Site-related Factors			
Fence type? (e.g., barb wire, smooth, wood picket)			
Are feeders used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of feeder used?			
Other (e.g., baling twine at site, etc.)			
Herd Management Practices			
Is there a parasite / lice control program used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please describe any other herd management practices of note.			
Livestock Operator Observations <i>(Additional Comments)</i>			



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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.