



CCIA Tag Quality Control

1. Please complete the following form for each tag related complaint.
2. **If possible, please collect tags that have fallen out and forward them to CCIA:**
 Canadian Cattle Identification Agency
 Suite 300, 5735 - 7 Street N.E., Calgary, AB T2E 8V3
DO NOT cut tags out or remove them if they won't scan. Fill out a Tag Quality Control Form and provide a picture of the tag(s), if possible.
3. All forms should be forwarded to the attention of Patt Evans at the above address, or faxed to 403-275-1668, or submitted electronically using the submit form button at the end of this form.

Note: Producers may be contacted by CCIA for investigative follow-ups.

CCIA Tag Quality Control					
Producer Name:			Home Phone #:		
Cell Phone #:			Fax #:		
E-mail Address:					
Producer location (Nearest town, province):					
1	Date of complaint: (YYYY/MM/DD)				
2	Name and organization of person receiving complaint (if applicable):				
	Name:		Organization:		
3	CCIA account number #				
4	* Type of producer operation	Cow/Calf	Feedlot	Backgrounder	
5	Where were your tags purchased?				
	Store name:		Dealer name:		
6	* Tag manufacturer	Allflex	Destron	Ketchum	Y-Text Zee Tag
7	* Which tag applicator used?				
	Type of applicator (if known):			Colour of applicator:	
8	Tag purchase date (if known): (YYYY/MM/DD)				
9	* When were the cattle tagged?	Calving	Branding	Weaning	
	Date applied: (YYYY/MM/DD)				
10	When was the tag related problem identified?				
	In pasture/feedlot				
	After shipping				
	Is the animal's ear torn (tag ripped out)?	Yes	No		
	If the ear is not ripped is there just a hole?	Yes	No		
11	* Which CCIA tag numbers were affected by the issue?				

CCIA Staff Observations *(Internal Use Only)*

Investigative Outcomes *(Internal Use Only)*

Item	Description & Notes	Follow-up		Investigative Outcomes Action Required Date?
		Yes	No	
		Yes	No	
		Yes	No	

Follow-up Conducted *(Internal Use Only)*

At site	Yes	No	
By phone	Yes	No	
Other	Yes	No	

** Note: Will provide key information for evaluation.*

Action approved by:

Name: _____ Date: _____

Signature: _____

Your information is kept strictly confidential.