

CCIA Tag Quality Control

- 1. Please print and complete the following form for each tag related complaint.
- Wherever possible, please collect and forward problem tags by mail to: Canadian Cattle Identification Agency Suite 300, 5735 - 7 Street N.E., Calgary, AB T2E 8V3
- 3. All forms should be forwarded to the attention of Patt Evans at the above address. Forms can also be faxed to 403-275-1668.

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

CCIA Tag Quality Control								
Produc	cer Name:	Н	Home Phone #:					
Cell Ph	one #:	Fa	Fax #:					
E-mail	Address:							
Produc	cer 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	Feed	llot	Backgrounder			
5	Where were your tags purchased?							
	Store name:	Dealer na	me:					
6	* Tag manufacturer Allflex	Destron	Ketc	hum	Y-Tex	Zee Tag		
7	* Which tag applicator used?							
	Type of applicator (if known):		Со	lour of app	olicator:			
8	Tag purchase date (if known): (YYYY/MM/	DD)						
9	* When were the cattle tagged?	Calving	Bran	ding	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 ou	t)?	Yes	No				
	If the ear is not ripped is there just a h	ole?	Yes	No				
11	* Which CCIA tag numbers were affected by the issue?							

Temperatures			<u>Environ</u>	mental Fa	cto	rs		
Extreme heat – estimated maximum high (if known) Average high for region (if known) Average low for region (if known) Outra-violet Light Exposure (Sun Exposure) Estimated level High Medium Low Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Temperatures			°F/	°C	Obs	servations	How Long?
Average high for region (if known) Average low for region (if known) Outra-violet Light Exposure (Sun Exposure) Estimated level High Medium Low Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. balling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Extreme cold – esti	imated maximu	m low (if known)		0			
Average low for region (if known) Outra-violet Light Exposure (Sun Exposure) Estimated level High Medium Low Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Extreme heat – est	imated maximu	ım high (if known)		0			
Ultra-violet Light Exposure (Sun Exposure) Estimated level High Medium Low Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Average high for re	egion (if known))		0			
Estimated level High Medium Low Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Average low for re	gion (if known)			0			
Seasonality (please check one) Spring Summer Fall Winter Site-related Factors Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Ultra-violet Light I	Exposure (Sun I	Exposure)		,			
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Fence type? (e.g. barb wire, smooth, wood picket, etc.) Are feeders used? Yes No Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Seasonality (please	e check one)	Spring	Summer		Fall	Winter	
Are feeders used? Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Site-related Facto	rs						
Type of feeder used? Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Fence type? (e.g. b	arb wire, smoot	th, wood picket, etc	:.)				
Other (e.g. baling twine at site, etc.) Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Are feeders used?	Yes	No					
Herd Management Practices Is there a parasite / lice control program used? Yes No Other herd management practices of note?	Type of feeder use	d?						
Other herd management practices of note?								
	Herd Managemen	t Practices						
Producer Observations (Additional Comments)			ogram used?	Yes 1	No			
	Is there a parasite /	lice control pro		Yes N	No			
	Is there a parasite /	/ lice control pro	s of note?			onal Com	ments)	
	Is there a parasite /	/ lice control pro	s of note?			onal Com	ments)	

CCIA Staff Observations (Internal Use Only)								
		- 1	nvesti	gative Ou	tcome	2S (Inte		
ltem	Description & Notes		S	Follow	-up	Investigative Outcomes Action Required Date?		
					Yes	No		
					Yes	No		
					Yes	No		
			Follov	w-up Conc	lucted	(Intern	nal Use Only)	
At site		Yes	No	•				
By phone		Yes	No					
Other		Yes	No					
* Note:	Will provide ke	y informati	on for eval	uation.				
Action	approved by:	:						
Name:								
Signatu	ure:						-	

Your information is kept strictly confidential.