R-R RATIONS USED ON-FARM RECORD

Name of farm/building identification: _____ PID #: _____

Site Manager: _____ Date: _____

yy/mm/dd

INSTRUCTIONS

This record must be completed by the Site Manager or the person responsible for the rations used on-farm. It must be updated annually and whenever a ration is modified, added or removed.

PPM = parts per million.

Ration Name or Number	Purchased or Mixed On-Farm	Feed Supplier	Medication					
			Medicated		Name of Medication	Amount of Medication (kg) per 1,000 kg of Feed	Active Ingredient (grams) per 1,000 kg of Feed or ppm	Withdrawal Period
			YES	NO				

☐ I acknowledge that **all incoming feed(s) and feed Ingredient(s)** are sourced from a CFIA inspected commercial feed mill.

or

☐ I acknowledge that **all incoming feed(s) and/or feed Ingredient(s) sourced from other suppliers** respect the Feeds Regulations.
(Further guidance is provided in Section 3.3 of the PS|PC Producer Manual)