

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 7646 - 8 Street N.E., Calgary, AB T2E 8X4
- 3. All forms should be forwarded to the attention of Francine Potter 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:	Но	Home Phone #:					
Cell Ph	one #:	Fax	Fax #:					
E-mail	Address:							
Produc	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	Feedlo	t	Backgrounder			
5	Where were your tags purchased?							
	Store name: Dealer name:							
6	* Tag manufacturer Allflex	Destron	Ketchu	m	Y-Tex	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	Brandir	ng	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							
	If the ear is not ripped is there just a ho	ole?	Yes	No				
11	* Which CCIA tag numbers were affected by the issue?							

		Environ	mental Fa	ctors		
Temperatures			°F/	°C	Observations	How Long?
Extreme cold – est	imated maximu	m low (if known)		0		
Extreme heat – est	imated maximu	m high (if known)		0		
Average high for re	egion (if known)			0		
Average low for re	gion (if known)			0		
Ultra-violet Light	Exposure (Sun E	Exposure)		,		
Estimated level	High	Medium	Low			
Seasonality (please	e check one)	Spring	Summer	Fa	l Winter	
Site-related Facto	rs					
Fence type? (e.g. b	arb wire, smoot	h, wood picket, etc	:.)			
Are feeders used?	Yes	No				
Type of feeder use	d?					
	wine at site, etc	•,				
		•,				
Herd Managemen Is there a parasite	t Practices		Yes 1	No		
Herd Managemen	<mark>t Practices</mark> / lice control pro	ogram used?	Yes 1	No		
Herd Managemen Is there a parasite /	<mark>t Practices</mark> / lice control pro	ogram used?	Yes 1	No		
Herd Managemen Is there a parasite	<mark>t Practices</mark> / lice control pro	ogram used?	Yes 1	No		
Herd Managemen Is there a parasite	t Practices / lice control pro ement practices	ogram used?			al Comments)	
Herd Managemen Is there a parasite	t Practices / lice control pro ement practices	ogram used? s of note?			al Comments)	
Herd Managemen Is there a parasite	t Practices / lice control pro ement practices	ogram used? s of note?			al Comments)	
Herd Managemen Is there a parasite	t Practices / lice control pro ement practices	ogram used? s of note?			al Comments)	
Herd Managemen Is there a parasite /	t Practices / lice control pro ement practices	ogram used? s of note?			al Comments)	

CCIA Staff Observations (Internal Use Only)									
			nvest	tigative Ou	itcom	es (Intern	al Use Only)		
ltem	Description & Notes		tes	Follow-up		Investigative Outcomes Action Required Date?			
					Yes	No			
					Yes	No			
					Yes	No			
			Follo	w-up Cond	ducted	(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:				
Signat	ure:								

Your information is kept strictly confidential.