Washington State University AT EXTENSION



Name: Imma Winner

Phone: (111)111-1111

Address: III Blue Ribbon Rd.

POA Program: National -NPB

Date Certified: 3/28/01

Jr. Show

Champion, WA 98111

Youth Producer:

Market Swine Health Record

	formation (O ation #: 39 (Fa		producer): Sex Gilt
Breed/Co	olor: Han	Course Weaned:	
Sire PSS	Gene Status:	Positive Negative	Carrier
Born in _	Canada		(Country)

"Produce healthy and safe pork products by being a knowledgeable and responsible producer"

Youth Livestock **Documentation for** COOL and Residue Compliance

Sarah M. Smith WSU Grant/Adams Extension 509-754-2011, Ext. 413 smithsm@wsu.edu

Treatments & Dewormers (Date & Time)	Condition Being Treated	Estimated Weight	Treatment Administered (Medication dispensed, amount and route of administration)	Drug's Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
10/25/01	Parasites	50#	Ivomec, 50, 1/2 cc	PC 096	Imma	35 days	11/29/01	
3/3/02	Lame front left foot	230 ≠	Peniallin, IM, 1000	6321462	Dr. Jones	11 days	3/14/02	Dr. Jones (111)111-1212
3/16/02	Cough/fever	245#	Naxcell, IM, 800	832145	Dr. Jones	0 days	3/16/02	at #
-1.01			7, 100		Dr. Jones		3/14/02	
Cough / four-						U U		

Medicated Feeds Remember to document ALL medicated feeds and withdrawal times

Dates Fed	Medication Name	Withdrawal	Withdrawal
	(Medication added/included in feed and	Time	Complete
	approximate amount of medication)	(Instructed)	(Date & Time)
10/25 - 11/25/01	Choratetracycline	7 days	12/2/02

Dates Fed	Medication Name (Medication added/included in feed and approximate amount of medication)	Time (Instructed)	Complete (Date & Time)	

Date Purchased:

Name: Mr. Proud Producer

Address: 222 Bacon Ly.

Phone: (222) 222 - 2222

Date Certified: 2/8/00

POA Certification: National - NEB

Purchased From:

Give Subcutaneous (Sub-Q) injections and Intramuscular (IM) injections in the neck, in front of shoulder. If label indicates a choice, use Sub-O (under the skin) injections.



NEVER-Inject in to the ham or

I certify that I produced this animal and I have listed ALL products and treatments they received while in my care, and all withdrawal times have been met.

Youth Signature: Imma lanner Date: 3/25/02 Guardian Signature: Nort Vinne Date: 3-25-02

Youth Producer's Copy Cooperative Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local Cooperative Extension Office

Prepared by: Sarah M. Smith, Jan Busboom, and Jean Smith

Quality Assurance

10/25/01

Pork Chop, WA 22222

AGRICULTURE

YOUTH & **FAMILIES**

HEALTH

ECONOMY

ENVIRONMENT

ENERGY

COMMUNITIES















Scope of COOL

<u>Purpose</u>

- The intent of the law is to provide consumers with additional information on which they base their purchasing decisions. i.e. what country the product was raised, feed, and/or harvested in.
- To ensure the public receives credible and accurate information on country of origin of covered commodities.





Legislation and Related Activities

2002

2002 Farm Bill – Enacted Mandatory COOL

2004

- IFR published for Fish and Shellfish Only 7 CFR Part 60
- Implementation for remaining covered commodities delayed

2008

- 2008 Farm Bill Amended COOL Provisions
- IFR published for remaining covered commodities: 7 CFR Part 65
 - Implementation September 30, 2008

2009

- Final Rule published for all covered commodities combined
 - 7 CFR Part 60
 - 7 CFR Part 65
 - Implementation March 16, 2009



What Must be Labeled?

Initial Covered Commodities					
Muscle Cuts of Beef (including Veal)	Ground Beef and Ground Veal				
Muscle Cuts of Lamb	Ground Lamb				
Muscle Cuts of Pork	Ground Pork				
Fish and Shellfish	Perishable Agricultural Commodities				
(wild & farm-raised)	(fruits & vegetables)				
Peanuts Peanuts					
Additional Covered Commodities					
Muscle Cuts of Chicken	Ground Chicken				
Muscle Cuts of Goat	Ground Goat				
Pecans & Macadamia Nuts	Ginseng				

Producer Affidavit & Health Record Instructions

The WSU Extension publication Producer Affidavit and Market Lamb Health Record is designed to help youth assure buyers, packers, and consumers that they are producing lamb products that are safe for human consumption and comply with state and federal regulations pertaining to food animal production and sales. This document should reflect ALL treatments and care given while the animal is under YOUR care and ownership, including all animal health products and medicated feeds used. This document also serves as an affidavit to comply with mandatory Country of Origin Labeling (COOL). This is a legally binding document.

Step 1: Obtain this form for each project market animal prior to purchase. Complete the "Youth Producer" information box. Exhibitor is the **Youth Producer**.

Premise ID is a unique seven digit number associated with an individual premises assigned through the voluntary National Animal Identification System (NAIS). The purpose of the NAIS is to locate exposed or infected animals in the event of an animal health emergency. To receive more information or sign up for your NAIS Premise ID# contact Washington State Dept. of Agriculture at 360-725-5493.

Step 4: Record feeds containing medications and their withdrawal time from last feeding. Do not use any feed that is not formulated for the specific species you are feeding.

Step 5: Youth and their parent/guardian need to complete and sign the verification box when the animal is transferred to the fair/show sale committee.

WASHINGTON STATE UNIVERSITY Producer Affidavit & Market Lamb Health Record **EXTENSION**

Name:Address:								
QA Certific Fair: Wa Fair Tag #:	(1) -	— Dat — Pui — Ade	te Purchased: Le/ID/C rchased From (Farm Name) dress: 222 Lamb (ducer Signature: 27	Y Quality	Premis Sheep Fa	y, State, Zip:	Office Phone	
			hile under your care. Do No eated feeds, use supplementa					th Producers".
reatments & Dewormers (Date & Time)			Treatment Administered (Medication dispensed, amount, and route of administration)	Drug Lot Number	Name (Person giving treatment)	Withdrawal Time (Instructed)	Withdrawal Complete (Date & Time)	For prescription or extra label drug use, list the veterinarian's name, address, and phone.
115/0x	Parasites	901bs	Valbazen, Oal 30c.	Z123P6	Imma	7days	6/22/0X	

included in feed and approximate amount of medication)	(Instructed)	(Date & Time)
umb Chow, Losalocid, 30g/ton	Odays	8/15/0X
	amb Chow, Local ocid, 30 Hon	amb Chow, Localocid, 30 gron Odays

producer." I certify that I produced this animal, it was not fed any "prohibited" mammalian protein (i.e. meat &

bone meal), per FDA regulation, CFR Title 21, and I have listed ALL products and treatments they received while in my care and all withdrawal times have been met. I attest that the animal referred to by this document is of ___(country) origin and raised in Youth Signature:

"Produce healthy

and safe lamb

products by being a

knowledgeable and

responsible

Authors: Sarah M. Smith, Jean Smith, and Jan Bushoom. C1052E revised November 2008. WSU Extension programs and employment are available to all without discrimination. Evidence of discrimination may be reported through your local WSU Extension Office.

Give Subcutaneous (Sub-Q) injections

under loose skin of neck or front flanks,

using the tented method. Give Intra-

muscular (IM) injections in the neck. If label indicates a choice, use Sub-Q

> NEVER inject into

the leg or

the loin

(under the skin) injections over IM.

Step 2: Obtain information about the breeder/seller and identification of the animal. Record animal's fair ID # and sale date in "Youth Producer" box as they become available.

USDA mandatory Country of Origin Labeling (COOL) requires animals sold to commercial meat processors for retail sales have written documentation to verify country of origin. First-hand producer must sign here to verify and comply with COOL requirements.

Step 3: Keep this step up-todate during the ownership and care of your animal when using ANY animal health care products. Only list treatments administered while under your care. Do not list treatment given prior to purchase.

WITHDRAWAL TIME:

The amount of time from the last treatment until the animal can be marketed for harvest. It is found under the "warning section" of the label.

NOTE: Many fairs and packing plants are requiring youth to verify health product and feed compliance and submit a signed affidavit to verify country of origin. You may not be able to sell project animals at the fair or livestock show if you do not accurately complete the project animal health record. Animals are randomly tested and trace-back audits are conducted to identify potential violations that may result in a monetary fine and/or criminal prosecution. Keep a copy of the health record for at least one (1) year after the sale or harvest of the animal.

Producer Affidavit & Health Record Instructions

The WSU Extension publication *Producer Affidavit and Market Swine Health Record* is designed to help youth assure buyers, packers, and consumers that they are producing swine that are safe for human consumption and comply with state and federal regulations pertaining to food animal production and sales. This document should reflect ALL treatments and care given while the animal is under YOUR care and ownership, including all animal health products and medicated feeds used. This document also serves as an affidavit to comply with mandatory Country of Origin Labeling (COOL). This is a legally binding document.

Step 1: Obtain this form for each project market animal prior to purchase. Complete the "Youth Producer" information box. Exhibitor is the Youth Producer. Premise ID is a unique seven digit number associated with an individual premises assigned through the voluntary National Animal Identification System (NAIS). The purpose of the NAIS is to locate exposed or infected animals in the event of an animal health emergency. To receive more information or signup for your NAIS Premise ID # contact Washington State Dept.	WASHINGTON STATE UNIVERSITY Producer Affidavit & Market Swine Health Record Youth Producer: Name: Irring Winger Address: III Blue Rubbon In Champon, With IIII Premise ID (it available): XIIII Premise ID (it available): XIIIII Premise ID (it available): XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Step 4: Record feeds containing medications and their withdrawal time from last feeding. Do not use any feed that is not formulated for the specific species you are feeding. Step 5: Youth and their parent/guardian need to complete and sign the verification box when the animal is transferred to the fair/show sale committee.	Medicated Feeds: Remember to document ALL medicated feeds and withdrawal times Medication Name Mithdrawal times Medication included in feed and approximate amount of medication Marker Chloraktacycline Marker Chloraktacycline Medication Medication included this animal and I have listed ALL products and treatments they received while in my care/ownership and all withdrawal times Mithdrawal tim

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Livestock Sale Committee Bill of Lading

Ar	ywhere W	<i>l</i> ashingtor	n County F	air Livest	ock Sale (Committee	3
Shipped From:Address:Phone:				Shipped To:Address:Phone:			
Date:	Date: Driver's Name & Ph			hone:			
Number of head:				Total Weight:			
Driver's Signature:							
		A	nimal Idei	ntification			
Producer a from these (co	records ti ountry) an	hat all anir d raised ii	mals refer n the U.S.	red to by t	his docun		