

SURVEY OF SLAUGHTERHOUSES AND POULTRY DRESSING PLANTS (SSHDPDP)

CONFIDENTIALITY
 All information provided herein is held **STRICTLY**
CONFIDENTIAL.

ANIMAL AND MEAT INSPECTION REPORT FORM
(AMI-Report Form)
RUMINANTS

RUMINANTS

Species (Check box) : ☐ **Cattle** ☐ **Carabao** ☐ **Goat** ☐ **Sheep**

For the month of _____, 20____

NAME OF SLAUGHTERHOUSE / : _____
"Other Areas" _____

TYPE OF SLAUGHTERHOUSE : ☐ **A** ☐ **LRME**

REGISTRATION NO : _____

"OTHER AREAS" : ☐ **Inspected** ☐ **Not inspected**

REGION: _____ **PROVINCE:** _____ **MUNICIPALITY:** _____

DAILY ANIMAL INSPECTION AND SLAUGHTER REPORT

DAILY ANIMAL INSPECTION AND CARCASSER REPORT																		
Date	Sex of Species	No. of Head Received	Origin (refer to code)	Average Live weight per head (in kg)	Ante-Mortem Inspection				Average Carcass Weight per head (in kg)	Post-Mortem Inspection					Destination of Meat			
					Condemnation			No. Head Fit For Slaughter		Carcass/es Condemned		Organ/s Condemned			Outside the Province		Within the Province	
					No. of Head	Weight (in kg)	Cause/s			Weight (in kg)	Cause/s	Organ/s	Weight (in kg)	Cause/s	Province	Weight by Province (in kg)	Area of Distribution (refer to code)	Weight by Area of Distribution (in kg)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	MALE																	
	FEMALE																	
	MALE																	
	FEMALE																	
	MALE																	
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	MALE																	
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	FEMALE																	
	MALE																	
	FEMALE																	
	MALE																	
	FEMALE																	
TOTAL	MALE																	
	FEMALE																	

Prepared by:

Noted by:

Received by:

(Name and Signature of MI)

(Name and Signature of Immediate Supervisor)

(Name and Signature (PVO/CVO, PAO/CAO, PSA-PSO))

Date Prepared

Date

Date Received

Code for Origin (Column 4)
 1- within the province
 2- outside the province, specify

Code for Area of Distribution (Column 18)
 1-Wet Market
 2-Meat Shops
 3-Meat Cutting
 4-Hotel and Restaurants
 5-Supermarket
 6-Meat Processing Plant
 7-Cold Storage
 8.Others, specify

SURVEY OF SLAUGHTERHOUSES AND POULTRY DRESSING PLANTS (SSHPDP)

EQUINE

For the month of _____, 20__

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ANIMAL AND MEAT INSPECTION
REPORT FORM
(AMI-Report Form)
EQUINE

NAME OF SLAUGHTERHOUSE/ : _____
 "Other Areas" : _____

TYPE OF SLAUGHTERHOUSE : ☐ A ☐ LRME

REGISTRATION NO : _____

"OTHER AREAS" : ☐ Inspected ☐ Not inspected

REGION: _____ PROVINCE: _____ MUNICIPALITY: _____

DAILY ANIMAL INSPECTION AND SLAUGHTER REPORT

Date	Sex of Species	No. of Head Received	Origin (refer to code)	Average Live weight per head (in kg)	Ante-Mortem Inspection				Average Carcass Weight per head (in kg)	Post-Mortem Inspection					Destination of Meat			
					Condemnation			No. Head Fit For Slaughter		Carcass/es Condemned		Organ/s Condemned			Outside the Province		Within the Province	
					No. of Head	Weight (in kg)	Cause/s			Weight (in kg)	Cause/s	Organ/s	Weight (in kg)	Cause/s	Province	Weight by Province (in kg)	Area of Distribution (refer to code)	Weight by Area of Distribution (in kg)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
	MALE																	
	FEMALE																	
	MALE																	
	FEMALE																	
	MALE																	
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	MALE																	
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	FEMALE																	
	MALE																	
	FEMALE																	
	MALE																	
	FEMALE																	
TOTAL	MALE																	
	FEMALE																	

Prepared by: _____
 (Name and Signature of MI)

Date Prepared _____

Noted by: _____
 (Name and Signature of Immediate Supervisor)

Date _____

Received by: _____
 (Name and Signature (PVO/CVO, PAO/CAO, PSA-PSO))

Date Received _____

Code for Origin (Column 4)
 1- within the province
 2- outside the province, specify

Code for Area of Distribution (Column 18)
 1-Wet Market
 2-Meat Shops
 3-Meat Cutting
 4-Hotel and Restaurants
 5-Supermarket
 6-Meat Processing Plant
 7-Cold Storage
 8.Others, specify

SURVEY OF SLAUGHTERHOUSES AND POULTRY DRESSING PLANTS (SSHDPD)

SWINE

For the month of _____ 20__

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ANIMAL AND MEAT INSPECTION REPORT FORM (AMI-Report Form) SWINE

NAME OF SLAUGHTERHOUSE/ : _____
 "Other Areas" : _____
 TYPE OF SLAUGHTERHOUSE : ☐ A ☐ LRME
 REGISTRATION NO : _____
 "OTHER AREAS" : ☐ Inspected ☐ Not Inspected

REGION: _____ PROVINCE: _____ MUNICIPALITY: _____

DAILY ANIMAL INSPECTION AND SLAUGHTER REPORT																									
Date	Age Classification	No. of Head Received	Origin (refer to code)	Average Live weight per head (in kg)	Ante-Mortem Inspection				Average Carcass Weight per head (in kg)	Post-Mortem Inspection					Destination of Meat										
					Condemnation			No. Head Fit For Slaugh-ter		Carcass/es Condemned		Organ/s Condemned			Outside the Province		Within the Province								
					No. of Head	Weight (in kg)	Cause/s			Weight (in kg)	Cause/s	Organ/s	Weight (in kg)	Cause/s	Province	Weight by Province (in kg)	Area of Distribution (refer to code)	Weight by Area of Distribution (in kg)							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)							
	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
	CULLED SOW/BOAR																								
	FATTENER																								
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	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								
TOTAL	CULLED SOW/BOAR																								
	FATTENER																								
	GROWER																								

Prepared by:

Noted by:

Received by:

Code for Origin (Column 4)
 1- within the province
 2- outside the province, specify

Code for Area of Distribution (Column 18)
 1- Wet Market
 2- Meat Shops
 3- Meat Cutting
 4- Hotel and Restaurants
 5- Supermarket
 6- Meat Processing Plant
 7- Cold Storage
 8- Others, specify

(Name and Signature of MI)

(Name and Signature of Immediate Supervisor)

(Name and Signature (PVO/CVO, PAO/CAO, PSA-PSO)

Date Prepared

Date

Date Received

SURVEY OF SLAUGHTERHOUSES AND POULTRY DRESSING PLANTS (SSHDPDP)

AVIAN

Species (Check box) : ☐ **Chicken** ☐ **Duck** ☐ **Others (Specify)**

For the month of _____ 20__

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ANIMAL AND MEAT INSPECTION
REPORT FORM
 (AMI-Report Form)

NAME OF PPD/Other Areas: _____

TYPE OF POULTRY DRESSING PLANT : ☐ A ☐ MIN-PDP (inspected)

☐ LRME ☐ MIN-PDP(not inspected)

REGISTRATION NO : _____

OTHER AREAS : ☐ Inspected ☐ Not Inspected

REGION: _____ PROVINCE: _____ MUNICIPALITY: _____

DAILY ANIMAL INSPECTION AND SLAUGHTER REPORT																					
Date	Avian Type	No. of Bird Received	Origin (refer to code)	Average Live weight per head (in kg)	Ante-Mortem Inspection				Average Carcass Weight per head (in kg)	Post-Mortem Inspection					Destination of Meat						
					Condemnation			No. Bird Fit For Slaughter		Carcass/es Condemned		Organ/s Condemned			Outside the Province		Within the Province				
					No. of Bird	Weight (in kg)	Cause/s			Weight (in kg)	Cause/s	Organ/s	Weight (in kg)	Cause/s	Province	Weight by Province (in kg)	Area of Distribution (refer to code)	Weight by Area of Distribution (in kg)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)			
	BROILER																				
	LAYER																				
	NATIVE																				
	DUCK/OTHERS																				
	BROILER																				
	LAYER																				
	NATIVE																				
	DUCK/OTHERS																				
	BROILER																				
	LAYER																				
	NATIVE																				
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	LAYER																				
	NATIVE																				
	DUCK/OTHERS																				
	BROILER																				
	LAYER																				
	NATIVE																				
	DUCK/OTHERS																				
TOTAL	BROILER																				
	LAYER																				
	NATIVE																				
	DUCK/OTHERS																				

Prepared by:

Noted by:

Received by:

(Name and Signature of MI)

(Name and Signature of Immediate Supervisor)

(Name and Signature (PVO/CVO, PAO/CAO, PSA-PSO)

Date Prepared

Date

Date Received

Code for Origin (Column 4)

1- within the province
2- outside the province, specify

Code for Area of Distribution (Column 18)

1-Wet Market
2-Meat Shops
3-Meat Cutting
4-Hotel and Restaurants
5-Supermarket
6-Meat Processing Plant
7-Cold Storage
8.Others, specify