3.5 Incoming Feed Record

Date (d/m/y)	Feed Name	Supplier			For Medicated Feed			Stored (Indicate bin number or location)
		Produced on Farm. If yes, no sample is required	Purchased Feed or Commercial Processed Feed		Name of Medication (from feed label)	Mg of Medication/kg of Feed (from feed label)	Withdrawal Date (from feed label)	
			HACCP Supplier Indicate Batch Number	Non-HACCP Supplier Date of Sampling (d/m/y)				

Incoming feed whether produced on the farm or purchased needs to be recorded here.

Samples will be taken from **all non-HACCP suppliers** of feed and date of sampling recorded here.

Those samples will be held at least nine months after the date of sampling noted here.

Written assurance from **non-HACCP suppliers of processed feed** will be filed with this record.