

# BQA Training Program Checklist and Personal Contract.

Please answer the following questions Yes or No as they relate to the BQA Program.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Email: \_\_\_\_\_

BQA Trainer: \_\_\_\_\_

1. ( **YES or NO** ) A quality feed control program will be maintained for all incoming ingredients. This program will analyze any suspect contamination and eliminate any contaminated products as a result of molds, mycotoxins, or chemicals.
2. ( **Yes or No** ) Only FDA approved medicated feed additives will be used in rations and they will be used in accordance with the FDA label, including administration procedure, dosage, and withdrawal time. Extra label use of feed additives will not be used at any time or for any reason.
3. ( **Yes or No** ) Records will be maintained for at least two years and will contain the batches of feed produced which contain the additive, date run, ration number or name, amount produced.
4. ( **YES or NO** ) All individual treatments will be given in the neck region regardless of being administered subcutaneously or intramuscularly.
5. ( **YES or NO** ) All individual treatments will strictly follow only FDA/USDA/EPA guidelines and products which cause tissue damage will be avoided.
6. ( **YES or NO** ) Products will be administered at the lowest dosage recommended and will be administered in such a manner where there will not be more than 10 cc per IM site administered.
7. ( **YES or NO** ) Treatment procedures will comply with either label directions or as prescribed by a veterinarian with a valid Veterinarian-Client-Patient relationship.
8. ( **YES or NO** ) All treatments administered extra label will be kept to a minimum and when given extra label treatments are given they will comply with the prescribed extended withdrawal time.
9. ( **YES or NO** ) Treatments will either be recorded on a group/pen basis if given to a pen or if given to animals pre-weaning and on an individual basis if given to an animal post-weaning. Records will consist of date, pen/individual identification, product used, amount given, route and location given, and withdrawal time.
10. ( **YES or NO** ) All slaughter cattle shipped will be checked to verify withdrawal times have been met and a release slip will be signed, dated, and sent with those cattle verifying this information.
11. ( **YES or NO** ) Should there be any question about withdrawal periods being met, veterinarians will evaluate the treatment history against information provided by the Food Animal Residue Avoidance Databank and the animal will be subject to pass a residue screening test.
12. ( **YES or NO** ) All records will be maintained for two years and transferred with the cattle as they move from one operation to another and will also be available for inspection by Mid Atlantic BQA staff or other named individuals in order to determine compliance.
13. ( **YES or NO** ) The operation will strive to prevent bruising during animal handling.
14. ( **YES or NO** ) Should a previous owner request performance information of cattle, all information available will be relayed back to them.

I understand the Importance of the above items in the Mid Atlantic's Beef Quality Assurance Program and agree to follow the recommended production practices.

Signature: \_\_\_\_\_ Youth: \_\_\_\_\_ Commercial: \_\_\_\_\_ Seed Stock: \_\_\_\_\_