

## CCIA Tag Quality Control

1. Please print and complete the following form for each tag related complaint.
2. Wherever possible, please collect and forward tags by mail to the CCIA Office.  
 300, 5735 - 7th St. N.E. Calgary, AB T2E 8V3
3. All forms should be forwarded to the attention of Patt Evans. Forms can be mailed with the tags in question at the address above, or faxed to 403-275-2099.  
*Note: Producers may be contacted by CCIA for investigative follow-ups.*

Producer Name:	
Phone#:	Fax#:
E mail Address:	
Producer location (Nearest town, and province):	
1	Date of complaint: (YYYY/MM/DD)
2	Name and organization of person receiving complaint (if applicable): Name: _____ Organization: _____
3	CCIA account number #
5	* <b>Type of producer operation</b> <input type="radio"/> cow/calf <input type="radio"/> feedlot <input type="radio"/> backgrounder
6	Where were your tags purchased? Store name: _____ Dealer name: _____
7	* <b>Tag manufacturer</b> <input type="radio"/> Y-Tex <input type="radio"/> Zee Tag <input type="radio"/> Ketchum <input type="radio"/> Destron <input type="radio"/> Allflex
8	* <b>Which tag applicator used?</b> Type of applicator (if known): _____ Colour of applicator: _____
9	Tag purchase date (if known): (YYYY/MM/DD)
10	* <b>When were the cattle tagged?</b> <input type="radio"/> Calving <input type="radio"/> Branding <input type="radio"/> Weaning <input type="radio"/> Date applied (YYYY/MM/DD)

\* Note: Will provide key information for evaluation.

11	When was the tag related problem identified? <input type="radio"/> In pasture/feedlot <input type="radio"/> After shipping <input type="radio"/> Is the animal's ear torn (tag ripped out)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> If the ear is not ripped is there just a hole? <input type="radio"/> Yes <input type="radio"/> No
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12	<b>* Which CCIA tag numbers were affected by the issue?</b>
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<b>Environmental Factors</b>
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Temperatures	°F / °C	Observations	How Long
Extreme Cold – Estimated Maximum Low (if known)	°		
Extreme Heat – Estimated Maximum High (if known)	°		
Average High for Region (if known)	°		
Average Low for Region (if known)	°		

<b>Ultra-Violet Light Exposure (Sun Exposure)</b>
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Estimated level <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low
Seasonality (please check one) <input type="radio"/> Spring <input type="radio"/> Summer <input type="radio"/> Fall <input type="radio"/> Winter

<b>Site-related Factors</b>
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Fence type? (e.g. barb wire, smooth, wood picket, etc.)
Are feeders used? <input type="radio"/> Yes <input type="radio"/> No
Type of feeder used?
Other (e.g. baling twine at site etc.)

<b>Herd Management Practices</b>
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Is there a parasite / lice control program used? <input type="radio"/> Yes <input type="radio"/> No
Other Herd Management practices of note?

Producer Observations *(Additional Comments)*


CCIA Staff Observations *(Internal Use Only)*


Investigative Outcomes *(Internal Use Only)*

Item	Description & Notes	Follow-up	Investigative Outcomes Action Required Date?
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	

Follow up Conducted *(Internal Use Only)*

At site	<input type="radio"/> Yes <input type="radio"/> No	
By phone	<input type="radio"/> Yes <input type="radio"/> No	
Other	<input type="radio"/> Yes <input type="radio"/> No	

Action approved by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_