

Quality Assurance & Food Safety for Arizona Youth Livestock Producers Youth Re-Certification Checklist Summary

The Arizona Youth Livestock Quality Assurance and Food Safety Program emphasizes good management practices in the handling and use of animal health products, and encourages youth producers to review their approach to their animal health programs. By completing this program, youth producers demonstrate their commitment to "quality assured" meat production.

All youth livestock exhibitors must attend a three hour certification workshop to become initially certified. They must then be re-certified every three years. In order to be re-certified youth may attend another certification workshop or complete the following checklist verifying the implementation of the good production practices.

Re-Certification Checklist

As each good production practice is completed or verified, fill in the level and date, and have a YLQA Certified Level 1 leader or advisor or Level 2 or 3 Trainer initial the GPP. All certifiers must print their name sign at the end of the checklist when certifying the first item. When all sections of the checklist have been completed have your leader or advisor date and sign the checklist summary. This one page Checklist Summary should be submitted to a Quality Assurance Level 3 Certified Trainer. (For a list of certified trainers go to <http://cals.arizona.edu/extension/quality/certification.html> and then click on trainers.) Once submitted the trainer will then send your information to the Arizona Youth Livestock Quality Assurance Clearing House with the Arizona State Fair to complete your re-certification.

Good Production Practice	Date Section Completed	Signature of Person Certifying Completion
GPP 1 – Keep Accurate Records		
GPP 2 – Establish a Veterinary-Client-Patient Relationship		
GPP 3 – Follow Healthy Production Practices		
GPP 4 – Proper Care and Handling		
GPP 5 – Provide Adequate and Safe Feed according to their nutrient requirements		
GPP 6 – Maintain Biosecurity		
GPP 7 – Follow Proper Food Safety Practices		
GPP 8 – Exhibit Strong Character Traits (Ethics)		

Print Name of Member _____, QA Certification # _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email: _____

The above member is qualified and has completed all checklist requirements for re-certification.

Member Signature: _____ Date _____

Approved by:

Print Name _____ Signature: _____ QA # _____

Quality Assurance & Food Safety for Arizona Youth Livestock Producers Youth Re-Certification Checklist

Place the appropriate number or letters below in the level column next to the item completed or verified, followed by the date and the certifier's initials.

Levels of Competency/Completion

1 = Has been trained (Identify)

2 = Performs with assistance

3 = Performs without assistance (Demonstrates)

4 = Can teach it

C = Completed / Updated / Has in possession / Current

NA = Not applicable

Good Production Practices	Level	Date Completed or Verified	Certifier's initials
GPP 1 – Keep Accurate Records			
Maintains complete and up to date “Market Animal Health Record” and has signed the “Animal Care and Management Disclosure Statement.”			
Has in possession Ownership papers/Bill of sale.			
Has in possession out-of state importation certification number/documents, veterinary health certificates and breed registration papers as applicable.			
Has obtained an Arizona Department of Agriculture Certificate of Inspection of Exhibition Swine or Seasonal Pass for all other livestock.			
Name two methods to individually identify your animals.			
Maintains an accurate and up to date record of income and expenses.			
Demonstrates the ability to complete and understand the “Market Animal Financial and Efficiency Summary.”			
GPP 2 – Establish a Veterinary-Client-Patient Relationship (VCPR)			
Explain the differences between over-the-counter, prescription, extra-label use medications and medicated feed additives.			
Define the four major parts to a valid veterinary-client-patient-relationship.			
Has a veterinarian’s phone number and emergency plan for injury/disease.			
GPP3 – Follow Healthy Production Practices			
Name and describe the three most common ways to administer medications in livestock production.			
Name and describe three ways to administer injectable medications.			
Describe preventative measures and methods to prevent broken needles.			
Properly stores medications according to label instructions.			
Identify 3 ways to avoid drug residues in a carcass.			

Good Production Practices	Level	Date Completed or Verified	Certifier's initials
GPP3 – Follow Healthy Production Practices <i>Continued</i>			
Outlined and implemented a parasite control and disease prevention program.			
Describe the visual indicators of a healthy animal.			
Identify the non-visual signs (vitals) of a healthy animal.			
Able to read and understand medication label contents.			
GPP 4 – Proper Care and Handling			
Written plan of watering, feeding procedures and required quantities for species owned and desired performance objectives.			
Proper plan and utilization of safe and appropriate pens size, shelter including protection from sun, cold, heat, parasites, predators, disease, and injury prevention			
Outline an animal/facility sanitation plan.			
Identify/demonstrate/practice animal handling procedures that are safe, humane, and reduce animal stress.			
Discuss how improper handling of your animal affects the quality of the carcass.			
Complete the Care that You Give Your Animal Activity Sheet on page 4. Set your goals and evaluate them.			
GPP 5 – Provide Adequate and Safe Feed according to their nutrient requirements			
Identify three ways to prevent feed contamination.			
Obtain 3 to 4 feed tags from various feeds and compare the ingredients. Identify the various parts of a feed tag.			
Has maintained a label of each kind of feed fed for one year after animals are harvested to document that none of the cattle, sheep or goats have been fed any feed containing protein derived from mammalian tissue.			
Maintains a record system for purchased feed that indicates source, date and amount purchased.			
Can demonstrate how to tell if the feed is quality feed.			
Provides proper storage for feed.			
Explain the difference between monogastric and ruminant animal anatomy.			
GPP 6 – Maintain Biosecurity			
Describe how animal diseases are spread.			
Describe three biosecurity measures you can use to help prevent your animals from getting a disease.			
Isolates newly purchased animals and animals returning from shows for 2 to 4 weeks away from other animals.			
Develop a written plan to reduce the risk of disease with my animals			
Describe a plan of action to protect other animals from infection by your animal if your animal is diseased/sick/infested with parasites.			

Youth Livestock Quality Assurance Re-Certification The Care That You Give Your Animals Activity Sheet

Check the ways that you are already caring for your animal. If you want to improve how you care for your animal check that column too.

	Currently Doing	I Need to Improve
Prepare facilities before I get my animal.	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate housing and bedding.	<input type="checkbox"/>	<input type="checkbox"/>
Provide access to clean, fresh water at all times.	<input type="checkbox"/>	<input type="checkbox"/>
Control internal and external parasites.	<input type="checkbox"/>	<input type="checkbox"/>
Castrate, dock, notch, etc animals when they are young.	<input type="checkbox"/>	<input type="checkbox"/>
Train animals to be handled at a young age.	<input type="checkbox"/>	<input type="checkbox"/>
Have a planned health program to prevent disease.	<input type="checkbox"/>	<input type="checkbox"/>
Implement and maintain a sanitation program for your animal pens.	<input type="checkbox"/>	<input type="checkbox"/>
Observe animals daily and immediately treat those which need care.	<input type="checkbox"/>	<input type="checkbox"/>
Identify animals. (Tag, tattoo, ear notch, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Keep feed, treatment and production records.	<input type="checkbox"/>	<input type="checkbox"/>
Be aware of animal comfort and control or maintain animal comfort at all stages of production.	<input type="checkbox"/>	<input type="checkbox"/>
Use proper techniques for vaccination and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
Use proper drug residue avoidance procedures.	<input type="checkbox"/>	<input type="checkbox"/>
Observe label directions including withdrawal times.	<input type="checkbox"/>	<input type="checkbox"/>
Sort and load animals safely and with concern for them.	<input type="checkbox"/>	<input type="checkbox"/>

Now looking at the boxes you have checked, what are two areas that you would like to improve on, start to do or learn more about in the next year? Try to be specific on things you could improve or start to do.

Goals: 1) _____

2) _____

How will you go about improving these practices or learning more about them?

Did you accomplish your goals? _____

What worked well? _____

What would you change? _____

Market Financial & Efficiency Summary

Ear Tag No. _____ Name: _____ Year: _____

Project: _____ Club: _____

Feeding Summary

1. Starting Date _____
2. Ending Date _____
3. Days on feed _____
4. Starting weight _____
5. Ending Weight _____
6. Total Gain (line 5 minus line 4) _____
7. Total Pounds Feed Fed _____

Cost Summary

8. Purchase Price or Starting Value \$ _____
9. Total Feed Cost \$ _____
10. Total Other Costs \$ _____
11. Total Cost (line 8 + line 9 + line 10) \$ _____
12. Breakeven Price per Pound of Live weight (line 11 ÷ line 5) \$ _____

Efficiency Summary

13. Average Daily Gain (line 6 ÷ line 3) _____ lbs.
14. Average Cost of Feed per Pound (line 9 ÷ line 7) \$ _____ /lb.
15. Feed Conversion (lbs. of feed per 1 lb. of gain) (line 7 ÷ line 6) _____ lbs.
16. Feed Cost per Pound of Gain (line 9 ÷ line 6) \$ _____

Exhibitor Signature _____ Date: _____

MARKET ANIMAL HEALTH RECORD

Animal ID	Treatment (Date/Time)	Condition Being Treated	Weight	Product	Company	Lot and Exp. Date	Dose	Route of Admin. (IM, SQ, IV, Oral, Topical)	Name (Person giving treatment)	Withdrawal Time Needed	Withdrawal Date

Medicated Feeds *Remember to document ALL medicated feeds and withdrawal times*

Dates Fed	Medication Name (Medication added/included in feed & approximate amount)	Withdrawal Time	Withdrawal Complete (Date/Time)

Use separate forms for each animal if additional space is needed.

I certify that I produced the animal(s) and I have listed ALL products and treatments they received while in my care.

Youth Signature _____ Date: _____

Guardian Signature _____ Date: _____

