

Compilation of outcomes

Farm ID: _____

DATE: _____

Production section	Part	Indicator	Score	Description / comments	Follow-up
<input type="checkbox"/> Husbandry and management <input type="checkbox"/> Farrowing <input type="checkbox"/> Post-weaning <input type="checkbox"/> Dry sows	<input type="checkbox"/> Hunger and thirst <input type="checkbox"/> Physical environment <input type="checkbox"/> Health, injury and disease	<input type="checkbox"/> Vocalisation <input type="checkbox"/> Appearance <input type="checkbox"/> Behaviour <input type="checkbox"/> Mobility <input type="checkbox"/> Faeces	 not OK MS number	_____ _____ _____	Immediate action required? Yes / No Discussed with producer(s)? Yes / No Resolved? Yes / No
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Signature

Name of inspector