

SCOTTISH QUALITY WILD VENISON

Documentation Checklist

<u>Section in Standard</u>	<u>Form Name</u>
7.2	Permit Stalker Declaration form
7.3	Tenant Declaration form
7.4	Contractor Declaration form
7.5	Accompanied Tenants/Guests
8.1.1	Deer Cull Data Recording Sheets – Female & Male
9.1	Employee & Visitors Larder Record Sheets
9.3.1	Deer Cull Larder Record
9.3.3	Chill Temperature Record
11.0	Weekly Larder Checklist

Scottish Quality Wild Venison

Permit Stalker Declaration Form

Part 1 - To be completed and signed by Permit Stalker

1. I have been issued with a copy of the owners/estate's risk assessment and the SQWV standards and agree to abide by them. I am aware of the content of documents listed in the Appendix. **Yes/No**
2. I am aware of the legal requirements for deer shooting in Great Britain **Yes/No**
3. **For unaccompanied Permit Stalkers only** : I confirm I hold a Firearms Certificate **Yes/No**
If Yes date of issue _____
4. **For unaccompanied Permit Stalkers only**: I confirm I am in possession of Deer Stalkers Certificates (DSC) Level 1 and 2 **Yes/No**
If Yes: date of issue: level 1 _____ level 2 _____

If a qualification other than the DSC Level 1 and 2 is held please state qualification and authorising body

Qualification _____

Authorising Body _____

Date Achieved _____

Print Name _____ (Permit Stalker)

Signed _____

Date _____

Part 2 - To be completed and signed by the SQWV member or member's representative

1. This permit stalker has been issued with and has signed the appropriate risk assessment. **Yes/No**
2. The contract with this permit stalker contains a clause that allows termination of the contract where it can be proven that there has been a serious breach of procedures. **Yes/No**
3. **For accompanied permit stalkers who do not hold DSC Level 1 or 2** - I have undertaken a shooting test with the above noted permit stalker and confirm he/she is aware of the correct rifle settings and has appropriate shooting ability. **Yes/No**

Print Name _____ (SQWV Member or representative)

Signed _____

Date _____

Scottish Quality Wild Venison

Tenant Declaration Form

Part 1 - To be completed and signed by Tenant

1. I have been issued with a copy of the owners/estate's risk assessment and the SQWV standards and agree to abide by them. I am aware of the content of documents listed in the Appendix. **Yes/No**
2. I am aware of the legal requirements for deer shooting in Great Britain **Yes/No**
3. I confirm I hold a Firearms Certificate **Yes/No** If Yes Date of Issue _____
4. **For unaccompanied Tenants only:** I confirm I am in possession of Deer Stalkers Certificates (DSC) Level 1 and 2 Yes/No
If Yes: Date Achieved: level 1 _____ level 2 _____

If a qualification other than the DSC Level 1 and 2 is held please state qualification and authorising body

Qualification _____

Authorising Body _____

Date Achieved _____

Print Name _____(Tenant)

Signed _____

Date _____

Part 2 - To be completed and signed by the SQWV member or member's representative

1. This tenant has been issued with and has signed the appropriate risk assessment. **Yes/No**
2. The contract with this tenant contains a clause that allows termination of the contract where it can be proven that there has been a serious breach of procedures. The tenant has a minimum of £5 million public liability insurance cover. **Yes/No**

Print Name _____(SQWV Member or representative)

Signed _____

Date _____

Scottish Quality Wild Venison

Contractor Declaration Form

Part 1 - To be completed and signed by Contractor

1. I have been issued with a copy of the owners/estate's risk assessment and the SQWV standards and agree to abide by them. I am aware of the content of documents listed in the Appendix. **Yes/No**
2. I am aware of the legal requirements for deer shooting in Great Britain **Yes/No**
3. I confirm I hold a Firearms Certificate **Yes/No** If Yes Date of Issue _____
4. **For unaccompanied Contractors only:** I confirm I am in possession of Deer Stalkers Certificates (DSC) Level 1 and 2 Yes/No
If Yes: Date Achieved: level 1 _____ level 2 _____

If a qualification other than the DSC Level 1 and 2 is held please state qualification and authorising body

Qualification _____

Authorising Body _____

Date Achieved _____

Print Name _____ (Contractor)

Signed _____

Date _____

Part 2 - To be completed and signed by the SQWV member or member's representative

1. This contractor has been issued with and has signed the appropriate risk assessment. **Yes/No**
2. The contract with this contractor contains a clause that allows termination of the contract where it can be proven that there has been a serious breach of procedures. The contractor has a minimum of £5 million public liability insurance cover. **Yes/No**

Print Name _____ (SQWV Member or representative)

Signed _____

Date _____

Scottish Quality Wild Venison

Accompanied Tenants/Guests Declaration Form

Part 1 - To be completed and signed by the SQWV member or member's representative

1. This accompanied tenant/guest has been issued with and has signed the appropriate risk assessment.
Yes/No

2. I have held a pre-stalking meeting and have undertaken a shooting test with this accompanied tenant/guest and confirm he/she is aware of the correct rifle settings and has appropriate shooting ability.
Yes/No

Print Name _____ (SQWV Member or representative)

Signed _____

Date _____

SCOTTISH QUALITY WILD VENISON

RULES TO BE FOLLOWED BY ALL EMPLOYEES BEFORE AND DURING ENTRY TO LARDERS

To be completed at the start of employment by all employees/permanent stalkers and countersigned by the line Manager.

Before entry into larder areas all employees must agree to adhere to the procedures set out below. This record must be held on file for each member of staff with access to larders and will be checked by the SQWV assessor.

Employees must report to the Manager if they:

- Feel ill, especially if you have sickness or diarrhoea, bad cold/flu, sore throat or very bad discharge from ears, nose and mouth
- Have food poisoning or are recovering from food poisoning
- Septic spots/boils or other skin infections

Employees must:

- wash hands before and after visiting the toilet
- ensure boots are washed and disinfected prior to entering and leaving the larder. Alternatively protective covers may be worn.
- keep cuts and sores covered with waterproof dressings

Please note that smoking is not permitted in the larders at any time

I _____ (print name) agree to adhere to the hygiene rules above at all times

Signature _____ Date _____

Signed _____ (Manager) Date _____

SCOTTISH QUALITY WILD VENISON

RULES TO BE FOLLOWED BY ALL VISITORS BEFORE AND DURING ENTRY TO LARDERS

Before entry into larder areas all visitors must enter their name, company (if applicable), address and signature in the visitors declaration sheet, which must be countersigned by a member (or member's representative) of the Scottish Quality Wild Venison Scheme.

The Visitors Hygiene Declaration Record will be checked by the SQWV assessor.

Visitors must report to the SQWV member if they:

- Feel ill, especially if you have sickness or diarrhoea, bad cold/flu, sore throat or very bad discharge from ears, nose and mouth
- Have food poisoning or are recovering from food poisoning
- Septic spots/boils or other skin infections

Visitors must:

- wash hands before and after visiting the toilet
- ensure boots are washed and disinfected prior to entering and leaving the larder. Alternatively protective covers may be worn.
- keep cuts and sores covered with waterproof dressings

Please note that smoking is not permitted in the larders at any time

WEEKLY LARDER CHECKLIST

LARDER (Use Cleaning Specification Sheet for more details).	Tick Box ✓
Soak and clean walls, floor and all areas, particular attention to areas of dried blood etc.	
Preparation area.	
Chiller.	
Office.	
Toilet.	
Entrance Apron (including Silt Trap and Drain).	
Soak and Clean all Knives, Saws, Gambrels, Sinks, Hooks, Brushes etc.	
Check Temperature Gauge and Renew Chart.	
Check Larder Book, Visitor Information correctly detailed.	
Check adequate supply of all materials required (Cleaning Agents, Black Bags etc).	
Ensure Cleaning ROTA is adhered to (arrange own deputy if absent).	
Check First Aid Kit .	
Ensure monthly Vermin Returns have been completed.	

Stalker :

Date / Time Completed :

Comments :

AREA TO BE CLEANED	METHOD OF CLEANING, SUPPLIED DISINFECTANTS TO BE USED.		
	POWERWASH	SCRUB	POWERWASH AND SCRUB
OUTSIDE RAMP			
SILT TRAP (EMPTIED)			
<u>PREPARATION AREA</u> ALL WHITE SURFACES AND FLOOR ALL SINKS AND DRAINBOARDS STAINLESS STEEL GUTTERING AND TRAP ALL 'S' HOOKS , CARCASS SPACERS AND GAMBRELLS ALL BINS TO BE EMPTIED ALL LARDER EQUIPMENT CARCASE DRESSING TROLLEY SAWS KNIVES SCALES WINCH CONTROL BRUSHES <u>CHILL AREA</u> ALL WHITE SURFACES AND FLOOR. PLUCK TROLLEY STAINLESS STEEL GUTTERING AND TRAP <u>TOILET AREA</u> ALL FLOORS SINKS TOILET			