





## Key Welfare Indicator Assessment

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

Site Name(s): \_\_\_\_\_

The following Key Welfare Indicators must be measured quarterly. These are herd values that should be measured on a sample population following the calculation instructions in the *American Humane Certified™ Animal Welfare Standards for Swine*.

### Indicate level of each Key Welfare Indicator:

	Total # Observed	# Observed with BCS of 1	# Observed with Lameness of 2	# Observed with abscesses	# Observed with open wounds
AHC Tolerance Level		No more than 1%	No more than 2%	No more than 5%	No more than 1%
Individual Housing					
Reproductive Group Housing					
Finisher Group Housing					

	Total # Observed	# Observed with severe scratches	# Observed with shoulder sores	# Observed with tail biting	# Observed with hernias
AHC Tolerance Level		No more than 2%	No more than 5%	No more than 5%	No more than 5%
Individual Housing					
Reproductive Group Housing					
Finisher Group Housing					

	Total # Observed	# Observed with prolapses	# Observed with vulva injuries
AHC Tolerance Level		No more than 1%	No more than 5%
Individual Housing			
Reproductive Group Housing			
Finisher Group Housing			



## Mortality Records

Operation Name: \_\_\_\_\_

Site Name(s): \_\_\_\_\_

Year: \_\_\_\_\_

Month	Pre-Weaning	Nursery	Finisher/ Grower	GDU	Breeding Females	Breeding Males	Comments
AHC Tolerance Level	20%	5%	5%	5%	5%	5%	
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

- If pre-weaning mortality exceeds a monthly average of 15% or post-weaning mortality exceeds a monthly herd average of 5% there must be documentation of an internal investigation and corrective action of the main cause.







## Building Checklist/Farm Data

SITE CAPACITY:			TYPE OF HOUSING:	
AVERAGE INVENTORY:			(barn / outside / dry lot/ other as described)	
TURNS/ YEAR:			AUDITED HOUSING SPACE (FT <sup>2</sup> ):	
			(Only if applicable)	
NUMBER OF BUILDINGS/SITE:			TYPE OF FARROWING SYSTEM USED:	
			(none/ crate/ turn-around crate/ sloped pen, outdoor hut/ other as described)	
Outside Space (ft)			TYPE OF BREEDING STALL USED:	
			(i.e. for pregnancy determination: describe)	
	NUMBER OF PENS/STALLS PER ROOM:	TOTAL NUMBER OF PENS/STALLS:	PIGS PER PEN	DIMENSIONS (WIDTH X LENGTH IN FEET)
INDIVIDUAL PENS/ STALLS				
Breeding & Gestation				
Farrowing				
Boar Stud				
GROUP PENS				
Breeding & Gestation				
Farrowing				
Boar Stud				
Nursery				
Finisher				



## Records of Slips, Falls, and Electric Prod Use

Operation Name: \_\_\_\_\_

Site Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Number of animals being loaded: \_\_\_\_\_

Record the number of each or tally in the table below:

SLIPS	FALLS	ELECTRIC PROD USE
When a portion of the leg other than the foot touches the ground, or a foot loses contact with the ground	Where the animal loses its upright position and animal's body other than limbs touches the ground	Record the number of animals touched with the hot shot, with or without shock
Must not exceed 3%	Must not exceed 1%	Must not exceed 10%
Calculated %:	Calculated %:	Calculated %: