Scottish Quality
Wild Venison

RECORD BOOK

KEY INFORMATION

SQWV MEMBERSHIP NO	
LARDER NAME	
ADDRESS	
POST CODE	
OS GRID REFERENCE	

STALKER/PERMIT STALKER/UNACCOMPANIED TENANTS & CONTRACTOR DETAILS:

NAME	POSITION	QUALIFICATIONS	FIREARMS CERTIFICATE NO
J Smith (example)	Head Stalker	DSC1 – cert no 12345 DSC2 – cert no 67890	ABD123456
LOCAL AUTHORITY LARDER REGISTRATION NUMBER			
NON - MAINS WATER WATER TEST CERTIFICATE DETAILS			

EMERGENCY CONTACT DETAILS

Responsible Person: (estate owner/manager/factor/head stalker)

Local Vet Practice: ----------

Divisional Veterinary Manager: ----------

Local Animal Health Office: ----------

Environmental Health Office: ----------

Local Authority: ----------

Local Police: ----------

Fire Station: 999

Doctors Surgery: ----------

Neighbour(s): ----------

Game Dealer: ----------

SEPA: ----------

Pollution Hotline (24/7) 0800 80 70 60

Scottish SPCA helpline 08707 377 722

HYGIENE HAZARD ASSESSMENT PLAN

Name of Larder: **SQWV Membership number:**

HYGIENE HAZARD	RISK PRESENT?	ACTION TAKEN/ REQUIRED
Dirty/ contaminated knife at gralloch		
Dirty hands at gralloch		
Dirty/ contaminated hands when handling carcase		
Dirty vehicle/ transporter		
Dirty/ contaminated footwear into larder		
Dirty/ contaminated clothing into larder		
Dirty/ contaminated hands into larder		
Dirty floor		
Dirty work surfaces		
Dirty apron/ gloves		
Drop knife onto floor		

Chemicals in use

CHEMICAL	WHERE TO BE USED	WHEN TO BE USED	FORMULATION	WHO	OTHER DETAILS

Guidelines for completion:

- Consider whether potential hygiene hazards highlighted apply to your operation. If so describe how these will be minimised
- Consider what other hygiene hazards may be present in your situation and describe action required
- Detail what chemicals you work with and complete as required
- Ensure assessment form is completed/ signed off by responsible person in charge and look to review the plan before next stalking season

Name of person completing hygiene hazard assessment: Position:

Signature:

Date:

Date of next review:

RISK ASSESSMENT FORM

No.	Hazard	Who is at risk?	Control	Further Action	Likelihood (1 – 10)*	Severity (1 – 10)**	Person Responsible	Completion Date	Completed?
1 (eg)	Accidental discharge of firearm	Self, accompanying persons, public	Follow safety advice from sources such as Best Practice Guidance and DSC Qualifications	Ongoing training updates			Stalker, any persons in charge of firearms	Ongoing	Ongoing

*** eg Likelihood: 1 = would not happen, 10 = would always happen**

**** eg Severity: 1 = no risk of injury/harm, 10 = fatal**

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_____

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Signed_____(Manager) Date_____

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

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VISITORS HYGIENE DECLARATION RECORD

I have read a copy of Scottish Quality Wild Venison Scheme 'RULES TO BE FOLLOWED BY ALL VISITORS BEFORE AND DURING ENTRY TO LARDERS and agree to abide by the rules at all times.

DATE	NAME	COMPANY	REASON FOR VISIT	SIGNATURE	SQWV MEMBER AUTHORISATION

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CHILL TEMPERATURE RECORD

Chill Details/Location____

DATE	TIME	TEMPERATURE	ACTION/COMMENTS	INITIALS

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DEER CULL DATA RECORDING SHEET – FEMALES

Estate_____ **Stalker**_____

Number	Date & Time Shot	Time of Gralloch	Time into Chill	Species	Location	Hill Weight	Weight to Dealer	Firearm and Ammunition used and Bullet Placement	Age (Years)	In-Calf/In-Milk	Shot by	Comments/Notes Abnormal Behaviour

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COMPLAINTS REGISTER

Name and address of Complainant	Date received	Nature of complaint	Proposed correction action	Date action finished

NOTES