

## NSW LIVESTOCK WELFARE MASS MANAGEMENT ACCREDITATION SCHEME GAP AUDIT REPORT

TICK AS APPROPRIATE			
ENTRY AUDIT		TRIGGERED AUDIT	
COMPLIANCE AUDIT		RANDOM AUDIT	

CONTACT INFORMATION			
Operator name			
Additional trading names			
Australian Business Number			
Operator business address and contact details			
Operator Postal address			
Phone No.		Fax No.	
Mobile		Email address	
Location of audit			
Date of Audit	___/___/___		
Auditor name			
Auditor certification id		Certification expiry Date:	___/___/___ _

OPERATOR STATUS:	
Operator applying for both NHVAS Mass Management & NSW LWMMAS	
Operator already enrolled in NHVAS Mass Management	
- NHVAS Mass Management Accreditation Certificate Number	
- Date issued	State of issue

ATTENDANCE LIST (NAMES AND POSITION TITLES):

NATURE OF OPERATOR BUSINESS (SUMMARY):

ACCREDITATION VEHICLE SUMMARY (Attach copy of fleet register)			
Number of powered vehicles		Number of trailing vehicles	

**NSW LIVESTOCK WELFARE MASS MANAGEMENT ACCREDITATION SCHEME  
GAP AUDIT SUMMARY SHEET**

<b>COMPLIANCE CODES</b>			
<b>NAP</b>	<b>Not Applicable</b>	<b>NA</b>	<b>Not Assessed at this Audit</b>
<b>V</b>	<b>Conformance Verified</b>	<b>M</b>	<b>Minor Non-Conformance Requiring Rectification by an Agreed Date</b>
<b>C</b>	<b>Major Non-Conformance Requiring Rectification by an Agreed Date Prior to Accreditation Being Allowed</b>	<b>SFI</b>	<b>Suggestion For Improvement</b>

<b>LIVESTOCK WELFARE MASS MANAGEMENT – GAP AUDIT</b>				
<b>REQUIREMENT OF STANDARD</b>	<b>COMPLIANCE CODE</b>	<b>CORRECTIVE ACTION REPORT (CAR)</b>	<b>AGREED CLOSEOUT DATE</b>	<b>ACTUAL CLOSEOUT DATE</b>
Std 3. Vehicle Use				
Std 4. Records and Documentation				
Std 5. Verification				
Std 7. Training and Education				
Std 8. Maintenance of Suspension				

**NSW LIVESTOCK WELFARE MASS MANAGEMENT ACCREDITATION SCHEME  
GAP AUDIT REPORT  
OBSERVATIONS AND COMMENTS**

**SUMMARY OF GAP AUDIT FINDINGS**

The operator named in this report presented the following documentation to demonstrate compliance with the standards:

**Provide details on how the operator demonstrated compliance for each Standard, including dates and type of sample documentation. Please refer to Gap Audit Matrix for details of assessment steps.**

<b>STANDARD</b>	<b>DETAILS</b>
<p><b>Std 3. Vehicle Use</b> (Review procedures/policy, documented instructions that objectively demonstrate how vehicle mass is weighed/assessed prior to departure. The system incorporates provisions for ensuring axle and gross weights are not exceeded)</p>	
<p><b>Std 4. Records and Documentation</b> (Review availability of the documented mass management system, and ensure the following trip records are kept and maintained:</p> <ul style="list-style-type: none"> <li>• Vehicle identifier</li> <li>• Measured or estimated weight (mass of vehicle)</li> <li>• Date and time of trip)</li> </ul>	
<p><b>Std 5. Verification</b> (Review procedures/policy, including method used to verify weight of vehicle and load, the frequency at which verification is performed, how the verification process allows for different types of measurement methods)</p>	
<p><b>Std 7. Training and Education</b> (Review procedures/policy, appropriateness of training, evidence of training records)</p>	
<p><b>Std 8. Maintenance of Suspension</b></p>	

STANDARD	DETAILS
<p>(Review procedures/policy, documented evidence of:</p> <ul style="list-style-type: none"> <li>• Suspension fault reporting/recording mechanism</li> <li>• Assigning priority to suspension related faults</li> <li>• The person responsible for monitoring/deferring a suspension fault is identified/recorded</li> <li>• Upon completion of a suspension fault, closeout details including test method is recorded)</li> </ul>	

NSW LIVESTOCK WELFARE MASS MANAGEMENT ACCREDITATION SCHEME  
**AUDITOR DECLARATION**

PRINT NAME	ABN NUMBER

as an approved auditor under the NSW Livestock Welfare Mass Management Scheme hereby certify that

(print operator name)

\_\_\_\_\_ (please state "does" or "does not") meet all requirements of NSW Livestock Welfare Mass Management Accreditation Scheme Standards and the vehicles described in this report as assessed against the Standards.

Audit was conducted on	___/___/___
CARs closed out on:	___/___/___
CARs to be closed out by:	___/___/___

I further certify that in the conduct of this audit, I have not breached the RABOSA Code of Practice.

**AUDITOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The operator listed in this application must comply with all the requirements of the LWMMAS Business Rules and Standards.

**OPERATOR DECLARATION and CONSENT**

I hereby acknowledge that all details in this declaration are true and correct and I have read and understand the conditions applicable to the LWMMAS including the LWMMAS Business Rules and LWMMAS Standards.

**OPERATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**NSW LIVESTOCK WELFARE MASS MANAGEMENT ACCREDITATION SCHEME  
CORRECTIVE ACTION REQUEST**

<b>OPERATOR NAME</b>			
<b>TYPE OF NON CONFORMANCE</b>			
Major non-conformance requires correction by agreed date			
Minor non-conformance requires correction by agreed date			
Reference			
Corrective Action Request Number			
<b>NON CONFORMANCE AND ACTION TAKEN</b>			
Observed Non Conformance:			
Corrective Action Taken:			
Signed Operator Representative			Position
			Date
			___ / ___ / ___
<b>ACTION TO PREVENT RECURRENCE (IF APPROPRIATE)</b>			
Action Taken / Planned:			
Signed Operator Representative			Position
			Date
			___ / ___ / ___
<b>CORRECTIVE ACTION FOLLOW UP BY AUDITOR</b>			
Acceptance Recommended by:			
Signed Auditor			Date
			___ / ___ / ___

## NSW LIVESTOCK WELFARE MASS MANAGEMENT VEHICLE REGISTRATION NUMBERS OF RECORDS EXAMINED

\_\_\_\_\_  
OPERATOR NAME (Business Name)

Registration Number (specify if sub-contractor)	Mass Management Register (include Technical Specifications Certificates)	Verifiable Vehicle/Load Documentation	Suspension System Certification and Maintenance	Trip Records (Include Vehicle Identifier, Vehicle Mass and Date/Time of trip)	Fault Recording/ Reporting on Suspension System	Internal Review (Date)