

CASCADE TRAINING FORM

NOTIFICATION OF NAMES OF STAFF TRAINED IN REMOVAL OF BRAINSTEM FROM : * CATTLE SHEEP & GOAT

*Please tick species to which training applies

Plant / Site Name :

Plant / Site Number :

(if applicable)

Plant / Site Tel Number :

Plant / Site Fax Number :

FSA Region Number :

(if applicable)

Persons Trained:-

Name	Age	Date(s) of Training	Trainer

Name(s) of Staff Originally Trained by AHVLA :

Name of original AHVLA Trainer :

Signed :

Name in capitals :

Position (e.g. plant manager) :

Date :

**Submit completed form to :
AHVLA Newcastle , Whitley Road, Longbenton, Newcastle upon Tyne, NE12 9SE**