

## EMERGENCY CONTACTS & ACTION PLAN - 1.3

Name of person keeping this record: ..... Job role : .....

### YOUR SHOOT CRITICAL INFORMATION

Shoot Contacts	Information	Remarks
Shoot Location / Address		
Shoot Phone Number(s) / mobile(s)/ Email(s)		
Shoot Point of Contact: (name and role. routine and shoot days)		

Key Shoot Locations	Grid References / What3Words	Remarks
Main entrance Yard(s) Lodge(s) Likely emergency services RVs Potential Air Ambulance landing sites		
Isolation points  Gas, Electricity, Water, other)		
Hazardous materials:  (gas, fuel, flammable, chemicals etc)		
Other locations Fire extinguishers Washing facilities First Aid equipment Alt water supply		

## RISKS AND ACTIONS

Potential Risk / Issue (add your own risks/issues)	Action to be taken in the event of...	Remarks / Other Info...
Feed / Water: supply or equipment failure		
Disease Outbreak		
Fire		
Accident / Injury / Illness		
Contamination / Spill		
Extreme Weather		
Activist Activity		
Theft / Damage		
Failure of critical equipment		

## EMERGENCY / CRITICAL CONTACTS

Contact	Phone Number / Email	Remarks	Contact	Phone Number / Email	Remarks	Contact	Phone Number / Email	Remarks
Blue Light Services	999		Game Dealer			Shoot Owner / Captain		
Vet Support Your Practice			Feed Supplier			Head Keeper  Under Keepers		
APHA			Equipment Engineers			Beaters POCs		
Medical Doctor Ambulance			Local Authority			Pickers-Up POC		
Police Rural crime Emergency			Health & Safety Executive (HSE)			Shoot Radios (channels to use)		
Fire Local POC Emergency			Environment Agency Flood Line					
Utilities Suppliers			Natural England/ DEFRA					
Game Farm			Natural England/ DEFRA					

## COMPLAINTS REGISTER – STANDARD 1.4

Name of person keeping this record.....

Job Title.....

Complainant Contact Details	Date Complaint Received	Nature of Complaint	Proposed Corrective Action	Date Complaint Closed

## **Part 1 – Who can make a complaint**

Any person, including members of the public, may make a complaint to <Shoot POC and address> about any aspect of their experiences with the shoot and the shoot operations, including matters relating to the Game Assurance standards and the Code of Good Shooting Practice (CoGSP) complaint. It is in everyone's interest that concerns and complaints are raised and resolved at the earliest possible stage. Many issues can be resolved informally, without the need to use a formal complaints procedure.

## **Part 2 – How to make a complaint**

A concern or complaint should be made in person, in writing (email) or by telephone. They may also be made by a third party acting on behalf on a complainant if they have appropriate consent to do so.

Concerns should be raised with <Shoot POC>. If the issue remains unresolved, the next step is for the complainant to make a formal complaint.

Anonymous complaints are not normally investigated. However, if appropriate, will determine whether the complaint warrants an investigation.

The complaint must be raised within three months of the incident or, where a series of associated incidents have occurred, within three months of the last of these incidents. Complaints made outside of this time frame are not normally considered.

If a complainant wants to withdraw their complaint, they should confirm this in writing.

## **Part 3 – Managing Complaints**

The Shoot POC will record the date a complaint is received, acknowledge receipt as soon as possible, and follow up with the complainant to understand the nature of the complaint, what is unresolved and what outcome is sought.

The Shoot should investigate the complaint to determine if there is a valid concern, and if so what actions, if any, may be necessary to resolve it.

The Shoot should follow up with the complainant to explain the outcome of any investigation and the actions taken to resolve the situation. This may be best done by phone, letter/email, or in a face-to-face meeting. They should confirm that the complainant is satisfied with the outcome, or if further work is required.

All details of the investigation and correspondence should be recorded.

Lessons from the process that can improve the way the Shoot operates should be gathered, recorded and implemented.

For complaints regarding adherence to the Aim to Sustain Game Assurance Standards, or the CoGSP, the relevant body should be contacted and they will advise on any steps to be taken.

**STAFF TRAINING RECORD – STANDARD 1.6**

Name of person keeping this record: ..... Job role : .....

<b>Name:</b>	<b>Start Date at Shoot</b>	<b>Signed:</b>

Training course/ qualification/ induction	Date of training	Course description (including provider details)	Skills covered	External training: certificate number Internal training: signed by trainer	Expiry date of qualification/training

**HEALTH & SAFETY POLICY – STANDARD 1.9**

Name of person keeping this record: ..... Job role : .....

<https://www.hse.gov.uk/simple-health-safety/policy/how-to-write-your-policy.htm>**Health & Safety Policy Statement for [Shoot Name].****Part 1 – Statement of Intent**

Statement of general policy on health and safety at work, including Shoot's objectives and commitment to managing health and safety.

Should be signed by employer or most senior person and reviewed regularly.

<b>Shoot Owner / Operator (Name):</b>	<b>Signed and Dated:</b>

**Part 2 – Responsibilities for H&S**

List the names and roles of the people who have specific responsibility for health and safety topics/areas. For routine operations and shoot days.

Potential areas of responsibility: safety, high risk activities (risk assessments), incidents/accidents, emergency procedures, fire and evacuation, disease, contamination, first aid, lone working, equipment maintenance, training/induction/briefing.

**Part 3 – Arrangements for H&S**

Practical arrangements you have in place to manage the risks and issues you have identified. This overlaps with the emergency action plan

## VISITOR RECORD (BIO SECURITY MANAGEMENT) – STANDARD 2.1

Date	Arrival time	Name	Company	Date of last poultry / game contact	Location of last poultry / game contact	Carrying any recording equipment Y/N?	Suffered any illness in last 48 hrs Y/N?	Signed



**PEST & PREDATOR CONTROL PLAN – STANDARD 3.1**

Name of person keeping this record: ..... Job role : .....

**Part 1 – Monitor Pest and Predators and Set Thresholds**

Assess pest and predator populations (by species) and objective of the plan: the impact on game birds (and other species of concern) across shoot site, wider bio-diversity gains/ecological balance.

Use site map/site survey to assist planning.

Determine acceptable thresholds for populations and/or predation levels.

**Part 2 – Create Control Plan**

Plan which species to be controlled, methods to be used, legislation, guides or best practice that supports the control methods.

Confirm any additional or specific procedures and safety issues for each control method.

Confirm any licence applications required (or which GL to be used and criteria for use)

Confirm skills/competencies needed and training for shoot personnel

Confirm any equipment required.

**Part 3 – Monitor / Evaluate Effectiveness of Plan**

Plan how progress will be monitored.

Review and monitor effectiveness of plan against original requirements (population numbers, predation impact on game birds and other species) on regular basis.

Adjust plan as required to maintain populations at/below the planned threshold levels.

Assess any changes to legislation/regulation that will affect the plan.

## PURCHASE OF VETERINARY MEDICINES - STANDARD 6.4

Name of person keeping this record.....

Job Title.....

Date of purchase	Name of veterinary medicine	Quantity purchased	Batch number	Expiry date	Meat Withdrawal period	Name & address of supplier

## VETERINARY MEDICINES ADMINISTERED – STANDARD 6.5

Name of person keeping this record.....

Job Title.....

Treatment start date	Treatment end date	Name of veterinary medicine	Treatment reason	ID of individual / group treated	Batch Number	Expiry date	End of withdrawal period (date)	Total quantity used	Person administering treatment

## VETERINARY MEDICINES DISPOSAL - STANDARD 6.6

Name of person keeping this record.....

Job Title.....

Date of disposal	Name of veterinary medicine	Quantity disposed	Batch number	Expiry date	Disposal method	Name & address of disposer

## CHILLER/LARDER CLEANING RECORD – STANDARD 8.4

Chiller/Larder location/name: \_\_\_\_\_

[illegible]

## Chiller location/name: \_\_\_\_\_

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GAME TRACEABILITY RECORD - STANDARD 8.9

Name of person keeping this record..... Job Title.....

Date of supply	Name of customer/destination	Shoot batch number	Quantity supplied (by species)					Total supplied	Remarks
			Ph	Pa	Gr	Du			