

# NLIS (Sheep & Goats) Device complaint form


Please complete this form in BLOCK letters and forward it to:  
Tarnya Tkachenko, NLIS Ltd, PO Box 1961, North Sydney, NSW 2059  
Where there is insufficient space on the form, please attach additional details.



National Livestock  
Identification System Ltd


Producer details		
Name:	PIC:	
Contact person:		
Phone:	Fax:	
E-mail:		
Physical address:		
City/Town:	State:	Post Code:
Postal address:		
City/Town:	State:	Post Code:

Property details				
Production system:	Wool <input type="checkbox"/>	Prime lambs <input type="checkbox"/>	Dairy goats <input type="checkbox"/>	Farmed goats <input type="checkbox"/>
Type of fencing:	Plain wire <input type="checkbox"/>	Plain / Barbed wire <input type="checkbox"/>	Ring lock <input type="checkbox"/>	Electric <input type="checkbox"/>
Type of country:	Few trees <input type="checkbox"/>	Heavy scrub <input type="checkbox"/>	Forested <input type="checkbox"/>	Other <input type="checkbox"/>

Device details					
Manufacturer:  <a href="#">Click to see the list of Accredited devices</a>	AAA <input type="checkbox"/>	Arlunga <input type="checkbox"/>	Enduro <input type="checkbox"/>	Pinnacle <input type="checkbox"/>	Stockbrands <input type="checkbox"/>
	A & A <input type="checkbox"/>	Datamars <input type="checkbox"/>	Gallagher (no longer sold) <input type="checkbox"/>	Roxan <input type="checkbox"/>	Swingertag (Tally Tags) <input type="checkbox"/>
	Allflex <input type="checkbox"/>	Drovers <input type="checkbox"/>	Leader <input type="checkbox"/>	Shearwell <input type="checkbox"/>	Zee tags <input type="checkbox"/>
Device type:	Visual ear tag <input type="checkbox"/>		Electronic ear tag with RFID chip <input type="checkbox"/>		
Product name:					
Photographs:	 <i>If possible, attach photograph(s) and supply electronic image(s) of the device.</i>				

Purchase details			
Date purchased (if known):		Quantity purchased:	
Store / dealer name:			
Store/ dealer address:			
City/Town:	State:	Post Code:	

Tagging details				
Who applied the devices?	Producer <input type="checkbox"/>	Stock Mgr <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	<input type="checkbox"/>
Tag position in ear?	Middle <input type="checkbox"/>	Bottom edge <input type="checkbox"/>	Top edge <input type="checkbox"/>	Tip <input type="checkbox"/>
Applicator type (if known):			Applicator colour:	
Date tagged:			Breed tagged:	
Age tagged:			Number tagged:	

Problem description			
When was the problem identified?	On delivery <input type="checkbox"/>	At tagging <input type="checkbox"/>	After tagging <input type="checkbox"/>
Nature of problem?	Device breakage <input type="checkbox"/>	Device loss <input type="checkbox"/>	Device won't scan <input type="checkbox"/>
	Invalid Number* <input type="checkbox"/> *If ticked, answer further questions.	Method of ID: - Reader <input type="checkbox"/> - Transcription <input type="checkbox"/>	If a reader was used, specify brand and model.
	Explain the problem in more detail below:		
Number of devices affected? 	Total number of problem devices: If possible, attach an electronic list of the NLIS ID and/or RFID numbers of the problem devices.		
Animals' ears:	Are the ears torn (tag ripped out)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is there just a hole (tag fallen out)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Environmental factors				
Season tagged?	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Autumn <input type="checkbox"/>	Winter <input type="checkbox"/>
Weather conditions?	Dry <input type="checkbox"/>	Extreme cold <input type="checkbox"/>	Dusty / Muddy <input type="checkbox"/>	
	Humid <input type="checkbox"/>	Sunny <input type="checkbox"/>	Windy <input type="checkbox"/>	
	Extreme heat <input type="checkbox"/>	Overcast <input type="checkbox"/>	Raining <input type="checkbox"/>	

Producer observations (Additional comments)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NLIS Ltd investigation / follow-up (Internal use only)			
Complaint status:	Is the problem resolved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have the appropriate people been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_