

## Upper Iowa Beef

EST. # 45321

4614 Highway 63  
PO Box 27  
Lime Springs, IA 52155  
563-566-2202  
[www.upperiowabeef.com](http://www.upperiowabeef.com)

**To:** Cattle Producers and Livestock Haulers  
**From:** Ed Greiman, Upper Iowa Beef General Manager  
**Date:** February 20, 2020  
**Subject:** **TRANSPORTER'S HUMANE HANDLING POLICY**

Upper Iowa Beef (UIB), Est. 45321 implemented an approved Animal Handling Program revised January 20, 2020. Our company continually strives to comply with the Federal Regulations in ensuring that cattle slaughtered at UIB are done in a humane process.

Our company implemented the Animal Handling Program following the AMI Foundation's Recommended Animal Handling Guidelines and Audit Guide written by Temple Grandin, Ph.D. These guidelines may be found on American Meat Institute Foundation website.

UIB requests that personnel transporting cattle to our facility follow the procedures set out in our policy to assist us in the humane handling of the cattle. The following requirements are to be met by companies transporting cattle to UIB:

1. Cattle unable to walk onto the truck under their own should not be loaded and delivered to UIB.
2. Once cattle are loaded, transporter is to drive directly to the plant, with minimal stopping.
3. Air-ride system of trailer is to be regularly inspected and fixed if necessary.
4. Careful driving is necessary to prevent bruises, shrink and injuries
5. Sudden stops or accelerations should be avoided to prevent injuries and stress.
6. Trailers must not be overloaded to prevent bruises and injuries
7. The use of electric cattle prods (Hot shots) and bullwhips or sharp objects shall not be used to load and unload animals (rattle paddles or sticks with a flag on the end, etc. are to be used).
8. Reduce noises: Practices that increase the stress of the animal should be avoided (yelling, swatting, loud noises).
9. Feeding and watering of animals on long hauls is required after 28 hours
10. Excessive physical abuse or striking of the animal is strictly prohibited
11. Remove distractions that cause balking
12. Provide adequate lighting at loading
13. In inclement weather, avoid traveling in the most extreme part of the day and keep trailer moving as much as possible. Cover some windows to block wind in extreme cold.
14. Move small groups at a time
15. Mounting activity and animal fights can cause injuries that can cause animals to become non-ambulatory. This is a problem especially with bulls. Bulls that are mounting other animals should be placed in separate pens. Mounting by bulls is a common cause of bruises and crippling injuries on cows.

UIB appreciates compliance with the above policies from all transporting companies. If any deficiencies are found, transporting company management personnel will be immediately notified and corrective actions will be requested. If you have any questions, please feel free to contact plant management at 563-566-2202.

Sincerely,  
Edward C. Greiman

General Manager  
Upper Iowa Beef

 <b>EST. 45321</b>	<b>Producer Affidavit</b>			<b>4614 Highway 63</b> <b>PO Box 27</b> <b>Lime Springs, IA 52155</b> <b>563-566-2202</b> <b>www.upperiowabeef.com</b>
	Created On: 11-17-18	Revised On: 4-21-23	Revision 9	
	Authored by: Danielle Graham	Revised by: Annette Kime	Form 82	

**I agree that all cattle marketed to Upper Iowa Beef:**

- a. Are in good health with no visible defects, are in good merchandisable condition and will pass USDA ante mortem (live animal) inspection.
- b. Are born and raised in the USA.
- c. Are handled humanely according to Beef Quality Assurance Guidelines.
- d. Are not fed feed containing prohibited animal proteins per 21CFR 589.2000...are not fed feed containing ruminant derived meat and bone meal or chicken litter.
- e. Have met minimum withdrawal times, label directions, and requirements for all medications, antibiotics, implants, and feed additives given to cattle prior to shipment to Upper Iowa Beef.
- f. Have received a corn-based diet for a minimum of 120 days.
- g. To the best of my knowledge, the cattle being sold to Upper Iowa Beef are under 30 months of age.
- h. Are qualified Angus by meeting either the Genotype or Phenotype requirements as described in **Live Animal Specification American Angus Association's Specification For Characteristics Of Cattle Eligible For Approved Beef Programs Claiming Angus Influence** and/or **Live Animal Specification Red Angus Association of America**.
- i. Are not fed feed containing the feed additive Ractopamine (trade name examples Optaflexx or Actogain).
- j. Have documented evidence of regular veterinary visits to the feedlot/farm where the cattle reside. (Minimum 1x a year visit from the veterinary listed below).

Name Vet Office performing farm visit: \_\_\_\_\_

Address of Vet Office performing farm visit: \_\_\_\_\_

Operation/Seller Name (print) \_\_\_\_\_

Lead Contact Name, if different(print) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

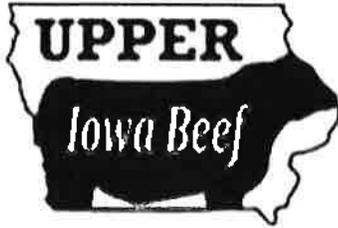
Email Address \_\_\_\_\_

Beef Quality Assurance # \_\_\_\_\_

Beef Quality Assurance Expiration Date \_\_\_\_\_

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

*This continuous Producer Affidavit is effective until revoked in writing by producer to Upper Iowa Beef*  
**Please complete and scan/email ([cattle@upperiowabeef.com](mailto:cattle@upperiowabeef.com)) or drop off/mail to our office at**  
**4614 US Highway 63, Lime Springs, IA 52155**



Upper Iowa Beef LLC  
EST. # 45321

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## Cattle Insurance Election / Waiver

\_\_\_\_\_ **YES**, I elect to be insured on my cattle sold to Upper Iowa Beef at the rate of \$.80/head. I agree to have this amount taken out of my settlement check for each sale.

\_\_\_\_\_ **No**, I elect to pass on the option to insure my cattle sold to Upper Iowa Beef. I understand that by passing on coverage I am liable for any crippling injuries or death loss that occur during transportation to Upper Iowa Beef or while at their facility. I also realize I will not be able to elect coverage for 12 months from the date on this document.

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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