

For Office to fill in

Colored YES / NO ____

Over 110kg YES / NO ____

Pork Cutting Instructions

Employee Name: _____

Quantity ____ Uninspected Kill/Hanging Charge

Producer _____ Customer _____ Contact # _____

Drop-off Date _____ Production date _____ Weight _____ kgs/lbs

Allergies YES or NO Type of Allergy: _____

FRESH CUTS

Shoulder Roast <input type="checkbox"/>	Shoulder Steak <input type="checkbox"/>	Other:	
Bone in Chops <input type="checkbox"/>	Boneless Chops <input type="checkbox"/>	Other:	
Spare Ribs <input type="checkbox"/>	Back Ribs <input type="checkbox"/>	SS Ribs <input type="checkbox"/>	
Side Pork Cut <input type="checkbox"/>	Slab <input type="checkbox"/>	Rind On <input type="checkbox"/>	Rind Off <input type="checkbox"/>
Pork Hocks <input type="checkbox"/>	Whole <input type="checkbox"/>	Cut <input type="checkbox"/>	Size _____ inches
Leg Roast <input type="checkbox"/>	Leg Steaks <input type="checkbox"/>	Cutlets <input type="checkbox"/>	Schnitzel <input type="checkbox"/>

Offal's

Dog bones <input type="checkbox"/>	Total Amount:			
Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Tongue <input type="checkbox"/>	Lard <input type="checkbox"/>	Head <input type="checkbox"/>

Smoked Products _____ lbs/kgs

Bone in Skin on Ham <input type="checkbox"/>	Whole <input type="checkbox"/>	Cut in <input type="checkbox"/> ½ <input type="checkbox"/> ¼	Ham steaks <input type="checkbox"/>	Smoked Hocks <input type="checkbox"/>
Smoked Porkchops <input type="checkbox"/>	Back Bacon <input type="checkbox"/>	Sliced <input type="checkbox"/>	Whole <input type="checkbox"/>	
Bacon Sliced <input type="checkbox"/>	Slab <input type="checkbox"/>	Rind on <input type="checkbox"/>	Rind Off <input type="checkbox"/>	
Different Flavors Bacon:				

Steak Thickness:	½ inch <input type="checkbox"/>	¾ inch <input type="checkbox"/>	1 inch <input type="checkbox"/>	# _____ steaks per package
Roast Size (lbs)	_____ lbs	Slicing Thickness	Thin <input type="checkbox"/> Medium <input type="checkbox"/>	Thick <input type="checkbox"/> _____ inches
Ground 1lbs <input type="checkbox"/>	1.5 lbs <input type="checkbox"/>	2 lbs <input type="checkbox"/>	Other:	Add _____ % Beef
Patties <input type="checkbox"/>	Seasoned <input type="checkbox"/>	Unseasoned <input type="checkbox"/>	Breakfast <input type="checkbox"/>	

Jerky
 _____ lbs of _____
 _____ lbs of _____

Sausage (min 25lbs)
 _____ lbs of _____ Smoked Fresh _____ %Beef
 _____ lbs of _____ Smoked Fresh _____ %Beef
 _____ lbs of _____ Smoked Fresh _____ %Beef

Notes: _____

