

**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/ Chop Thickness:	½ inch <input type="checkbox"/>	¾ inch <input type="checkbox"/>	1 inch <input type="checkbox"/>	# _____ steaks per package
Roast Size (lbs)	lbs			
Ground 1lbs <input type="checkbox"/>	Other:			Add _____ % Beef
Breakfast Patties <input type="checkbox"/>	Seasoned <input type="checkbox"/>	Unseasoned <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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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