

PART 4 - RECOMMENDED LAND TREATMENTS

VEGETATIVE

	1	2	3	4
1. Use conserving/improving crops occasionally	1	2	3	4
2. Use conserving/improving crops frequently (1/2 yrs)	1	2	3	4
3. Use conserving/improving crops very frequently (2/3 yrs)	1	2	3	4
4. Use conserving/improving crops most of the time (3/4 yrs)	1	2	3	4
5. Prevent residue burning	1	2	3	4
6. Mulch with crop residue	1	2	3	4
7. Use strip crops	1	2	3	4
8. Use crop rotation	1	2	3	4
9. Control weeds, brush and trees	1	2	3	4
10. Established recommended grass/legumes	1	2	3	4
11. Improve present stand of pasture	1	2	3	4
12. Control grazing	1	2	3	4
13. Fence the pasture	1	2	3	4
14. Use artificial reforestation	1	2	3	4
15. Use natural reforestation	1	2	3	4
16. Use prescribed burn occasionally	1	2	3	4
17. Protect trees from wildfires	1	2	3	4
18. Control forest insects & diseases	1	2	3	4
19. Protect trees from animal damage	1	2	3	4
20. Control undesirable species	1	2	3	4
21. Harvest trees by clear cutting	1	2	3	4
22. Harvest trees by selective cutting	1	2	3	4

MECHANICAL

	1	2	3	4
23. Terrace the field	1	2	3	4
24. Maintain field terraces	1	2	3	4
25. Establish vegetative waterways	1	2	3	4
26. Construct diversion terraces	1	2	3	4
27. Plow and cultivate on the contour	1	2	3	4
28. Control existing gullies	1	2	3	4

PLANT NUTRIENTS

	1	2	3	4
29. Apply lime	1	2	3	4
30. Apply manure	1	2	3	4
31. Apply nitrogen	1	2	3	4
32. Apply phosphorous	1	2	3	4
33. Apply potash	1	2	3	4

PART 5 - LIMITATIONS FOR HOME SITES S = Slight M = Moderate Sv = Severe

	SEPTIC SYSTEMS				LAWNS AND LANDSCAPES				FOUNDATIONS FOR BUILDINGS			
	1	2	3	4	1	2	3	4	1	2	3	4
Slope	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Topsoil Thickness	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Erosion	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Topsoil Texture	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Permeability of Subsoil	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Drainage (Internal)	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Effective Depth	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Surface Runoff	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Flooding	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv
Final Evaluation	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv	S M Sv

PART 6 - TEAM ACTIVITY

Team answers must be recorded on Contestant #1's paper

Section A									
1	2	3	4	5	6	7	8	9	10
0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6
7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7
8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8
9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9

Section B	
1. A B C D E	16. A B C D E
2. A B C D E	17. A B C D E
3. A B C D E	18. A B C D E
4. A B C D E	19. A B C D E
5. A B C D E	20. A B C D E
6. A B C D E	21. A B C D E
7. A B C D E	22. A B C D E
8. A B C D E	23. A B C D E
9. A B C D E	24. A B C D E
10. A B C D E	25. A B C D E
11. A B C D E	26. A B C D E
12. A B C D E	27. A B C D E
13. A B C D E	28. A B C D E
14. A B C D E	29. A B C D E
15. A B C D E	30. A B C D E

Land Judging Contestants complete parts 1, 2, 4 and 6 if directed.

Home Site Evaluation Contestants complete parts 1, 3, 5, and 6 if directed.

Linear Evaluation Classes

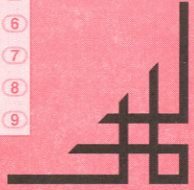
	Form		Rump		Legs & Feet		Udder				Teats				
	Stature	Strength	Body Depth	Dairy Form	Rump Angle	Thurl Width	Side View Rear Legs	Foot Angle	Fore Udder Attachment	Rear Udder Height	Rear Udder Width	Udder Cleft		Udder Depth	Front Teat Placement
Class 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Class 11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Class 12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Class 13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Class 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Written Exam

1	A	B	C	D	E	27	A	B	C	D	E
2	A	B	C	D	E	28	A	B	C	D	E
3	A	B	C	D	E	29	A	B	C	D	E
4	A	B	C	D	E	30	A	B	C	D	E
5	A	B	C	D	E	31	A	B	C	D	E
6	A	B	C	D	E	32	A	B	C	D	E
7	A	B	C	D	E	33	A	B	C	D	E
8	A	B	C	D	E	34	A	B	C	D	E
9	A	B	C	D	E	35	A	B	C	D	E
10	A	B	C	D	E	36	A	B	C	D	E
11	A	B	C	D	E	37	A	B	C	D	E
12	A	B	C	D	E	38	A	B	C	D	E
13	A	B	C	D	E	39	A	B	C	D	E
14	A	B	C	D	E	40	A	B	C	D	E
15	A	B	C	D	E	41	A	B	C	D	E
16	A	B	C	D	E	42	A	B	C	D	E
17	A	B	C	D	E	43	A	B	C	D	E
18	A	B	C	D	E	44	A	B	C	D	E
19	A	B	C	D	E	45	A	B	C	D	E
20	A	B	C	D	E	46	A	B	C	D	E
21	A	B	C	D	E	47	A	B	C	D	E
22	A	B	C	D	E	48	A	B	C	D	E
23	A	B	C	D	E	49	A	B	C	D	E
24	A	B	C	D	E	50	A	B	C	D	E
25	A	B	C	D	E						
26	A	B	C	D	E						

Reasons

Class 15	Class 16	Class 17
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9



MEATS

CDE# 105480

Team Name

Incorrect Marks Correct Mark



Team Number

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Code

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

State	Last Name	First Name
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	A	A
B	B	B
C	C	C
D	D	D
E	E	E
F	F	F
G	G	G
H	H	H
I	I	I
J	J	J
K	K	K
L	L	L
M	M	M
N	N	N
O	O	O
P	P	P
Q	Q	Q
R	R	R
S	S	S
T	T	T
U	U	U
V	V	V
W	W	W
X	X	X
Y	Y	Y
Z	Z	Z

Placing Classes

Place	Class	Place			
			1	2	3
1	1234	1			
2	1243	2			
3	1324	3			
4	1342	4			
5	1423	5			
6	1432	6			
7	2134	7			
8	2143	8			
9	2314	9			
10	2341	10			
11	2413	11			
12	2431	12			
13	3124	13			
14	3142	14			
15	3214	15			
16	3241	16			
17	3412	17			
18	3421	18			
19	4123	19			
20	4132	20			
21	4213	21			
22	4231	22			
23	4312	23			
24	4321	24			

Class 7

1	1	2	3	4
2	1	2	3	4
3	1	2	3	4
4	1	2	3	4
5	1	2	3	4

Class 8

6	1	2	3	4
7	1	2	3	4
8	1	2	3	4
9	1	2	3	4
10	1	2	3	4

Class 12 Written Test

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D
11	A	B	C	D
12	A	B	C	D
13	A	B	C	D
14	A	B	C	D
15	A	B	C	D
16	A	B	C	D
17	A	B	C	D
18	A	B	C	D
19	A	B	C	D
20	A	B	C	D

Meat Formulation Problem Solving

Solution	Questions					
	1	2	3	4	5	
0						
1						
2	1	A	B	C	D	E
3	2	A	B	C	D	E
4	3	A	B	C	D	E
5	4	A	B	C	D	E
6	5	A	B	C	D	E
7	6	A	B	C	D	E
8	7	A	B	C	D	E
9	8	A	B	C	D	E

Beef Carcass Grading

Class	Quality Grading						Yield Grading										
	Prime			Choice			Select	Standard	Comm.	Utility	1	2	3	4	5		
	High	Average	Low	High	Average	Low	High	Low	High	Average	Low	High	Average	Low	High	Average	Low
1																	
9																	
2																	
3																	
4																	
10																	
5																	
6																	
7																	
11																	
8																	
9																	

Horse & Livestock

CDE form # 239559-3

Team Name/Additional Info

Incorrect Marks Correct Mark



Team/Schl ID	State	Full Name (Last name followed by a space followed by first name)
0 0 0 0		
1 1 1 1	A A	A A A A A A A A A A A A A A A A A A
2 2 2 2	B B	B B B B B B B B B B B B B B B B B B
3 3 3 3	C C	C C C C C C C C C C C C C C C C C C
4 4 4 4	D D	D D D D D D D D D D D D D D D D D D
5 5 5 5	E E	E E E E E E E E E E E E E E E E E E
6 6 6 6	F F	F F F F F F F F F F F F F F F F F F
7 7 7 7	G G	G G G G G G G G G G G G G G G G G G
8 8 8 8	H H	H H H H H H H H H H H H H H H H H H
9 9 9 9	I I	I I I I I I I I I I I I I I I I I I

Codes			
Sheet	Test	Team	Student
0 0 0 0			
1 1 1 1			
2 2 2 2			
3 3 3 3			
4 4 4 4			
5 5 5 5			
6 6 6 6			
7 7 7 7			
8 8 8 8			
9 9 9 9			

K K	K K K K K K K K K K K K K K K K K K
L L	L L L L L L L L L L L L L L L L L L
M M	M M M M M M M M M M M M M M M M M M
N N	N N N N N N N N N N N N N N N N N N
O O	O O O O O O O O O O O O O O O O O O
P P	P P P P P P P P P P P P P P P P P P
Q Q	Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
R R	R R R R R R R R R R R R R R R R R R
S S	S S S S S S S S S S S S S S S S S S
T T	T T T T T T T T T T T T T T T T T T
U U	U U U U U U U U U U U U U U U U U U
V V	V V V V V V V V V V V V V V V V V V
W W	W W W W W W W W W W W W W W W W W W
X X	X X X X X X X X X X X X X X X X X X
Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Z Z	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

Placing	1 2 3 4	Class								Placing	
		1	2	3	4	5	6	7	8		
1	1 2 3 4									1 2 3 4	1
2	1 2 4 3									1 2 4 3	2
3	1 3 2 4									1 3 2 4	3
4	1 3 4 2									1 3 4 2	4
5	1 4 2 3									1 4 2 3	5
6	1 4 3 2									1 4 3 2	6
7	2 1 3 4									2 1 3 4	7
8	2 1 4 3									2 1 4 3	8
9	2 3 1 4									2 3 1 4	9
10	2 3 4 1									2 3 4 1	10
11	2 4 1 3									2 4 1 3	11
12	2 4 3 1									2 4 3 1	12
13	3 1 2 4									3 1 2 4	13
14	3 1 4 2									3 1 4 2	14
15	3 2 1 4									3 2 1 4	15
16	3 2 4 1									3 2 4 1	16
17	3 4 1 2									3 4 1 2	17
18	3 4 2 1									3 4 2 1	18
19	4 1 2 3									4 1 2 3	19
20	4 1 3 2									4 1 3 2	20
21	4 2 1 3									4 2 1 3	21
22	4 2 3 1									4 2 3 1	22
23	4 3 1 2									4 3 1 2	23
24	4 3 2 1									4 3 2 1	24

Female Selections				
Animal Number	Class 9 Keep Cull	Class 10 Keep Cull	Class 11 Keep Cull	
1				
2				
3				
4				
5				
6				
7				
8				

Class 12 - Feeder Cattle Grading						
Animal Number	Frame Size				Muscle Thickness	
	Large	Medium	Small	Inferior	1	2
1						
2						
3						
4						
5						

Reasons							
Class 15	Class 16	Class 17	Class 18				
0 0	0 0	0 0	0 0				
1 1	1 1	1 1	1 1				
2 2	2 2	2 2	2 2				
3 3	3 3	3 3	3 3				
4 4	4 4	4 4	4 4				
5 5	5 5	5 5	5 5				
6 6	6 6	6 6	6 6				
7 7	7 7	7 7	7 7				
8 8	8 8	8 8	8 8				
9 9	9 9	9 9	9 9				

Class 13 - Slaughter Cattle Grading																	
Animal Number	Quality Grade				Yield Grade (Cutability)												
	Prime		Choice		Select		Standard		1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0
	High	Low	High	Low	High	Low	High	Low									
1																	
2																	
3																	
4																	
5																	

Class 14 - Questions on Placing Classes															
1	1 2 3 4	11	1 2 3 4	21	1 2 3 4	31	1 2 3 4								
2	1 2 3 4	12	1 2 3 4	22	1 2 3 4	32	1 2 3 4								
3	1 2 3 4	13	1 2 3 4	23	1 2 3 4	33	1 2 3 4								
4	1 2 3 4	14	1 2 3 4	24	1 2 3 4	34	1 2 3 4								
5	1 2 3 4	15	1 2 3 4	25	1 2 3 4	35	1 2 3 4								
6	1 2 3 4	16	1 2 3 4	26	1 2 3 4	36	1 2 3 4								
7	1 2 3 4	17	1 2 3 4	27	1 2 3 4	37	1 2 3 4								
8	1 2 3 4	18	1 2 3 4	28	1 2 3 4	38	1 2 3 4								
9	1 2 3 4	19	1 2 3 4	29	1 2 3 4	39	1 2 3 4								
10	1 2 3 4	20	1 2 3 4	30	1 2 3 4	40	1 2 3 4								

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Linear Evaluation Classes

Written Exam

Class	Linear Evaluation Classes															Class		
	Form				Rump		Legs & Feet		Udder				Teats					
	Stature	Strength	Body Depth	Dairy Form	Rump Angle	Rump Width	Side View Rear Legs	Foot Angle	Fore Udder Attachment	Rear Udder Height	Rear Udder Width	Udder Cleft	Udder Depth	Front Teat Placement	Teat Length			
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
10	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
10	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
10	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
10	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
10	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
10	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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11	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
11	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
11	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
11	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
11	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
11	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
11	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
11	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
12	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
12	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
12	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
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12	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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13	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
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13	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
13	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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14	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
14	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

1	A	B	C	D	E	26	A	B	C	D	E
2	A	B	C	D	E	27	A	B	C	D	E
3	A	B	C	D	E	28	A	B	C	D	E
4	A	B	C	D	E	29	A	B	C	D	E
5	A	B	C	D	E	30	A	B	C	D	E
6	A	B	C	D	E	31	A	B	C	D	E
7	A	B	C	D	E	32	A	B	C	D	E
8	A	B	C	D	E	33	A	B	C	D	E
9	A	B	C	D	E	34	A	B	C	D	E
10	A	B	C	D	E	35	A	B	C	D	E
11	A	B	C	D	E	36	A	B	C	D	E
12	A	B	C	D	E	37	A	B	C	D	E
13	A	B	C	D	E	38	A	B	C	D	E
14	A	B	C	D	E	39	A	B	C	D	E
15	A	B	C	D	E	40	A	B	C	D	E
16	A	B	C	D	E	41	A	B	C	D	E
17	A	B	C	D	E	42	A	B	C	D	E
18	A	B	C	D	E	43	A	B	C	D	E
19	A	B	C	D	E	44	A	B	C	D	E
20	A	B	C	D	E	45	A	B	C	D	E
21	A	B	C	D	E	46	A	B	C	D	E
22	A	B	C	D	E	47	A	B	C	D	E
23	A	B	C	D	E	48	A	B	C	D	E
24	A	B	C	D	E	49	A	B	C	D	E
25	A	B	C	D	E	50	A	B	C	D	E

Reasons		
Class 15	Class 16	Class 17
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Questions on Placing Classes			
1	1	2	3
2	1	2	3
3	1	2	3
4	1	2	3
5	1	2	3
6	1	2	3
7	1	2	3
8	1	2	3
9	1	2	3
10	1	2	3
11	1	2	3
12	1	2	3
13	1	2	3
14	1	2	3
15	1	2	3
16	1	2	3
17	1	2	3
18	1	2	3
19	1	2	3
20	1	2	3
21	1	2	3
22	1	2	3
23	1	2	3
24	1	2	3
25	1	2	3
26	1	2	3
27	1	2	3
28	1	2	3
29	1	2	3
30	1	2	3

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Identification of Carcass Parts

Part	Class 11 Part Number									
	1	2	3	4	5	6	7	8	9	10
1. Half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Front half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Rear half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Whole breast with ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Boneless, skinless whole breast with rib meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Whole breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Boneless, skinless whole breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Split breast with ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Boneless, skinless split breast with rib meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Split breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Boneless, skinless split breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Breast quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Breast quarter without wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tenderloin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Wishbone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Leg quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Thigh with back portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Boneless, skinless thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Drumstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Boneless, skinless drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Drumette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Wing Portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Gizzard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Paws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8	9	10

**Further-Processed Poultry
Meat Products Evaluation**

Defect	Class 10 Product Number									
	1	2	3	4	5	6	7	8	9	10
1. Coating Void	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inconsistent Coating Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Inconsistent Shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inconsistent Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cluster / Marriages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Miscut Wings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Broken Wings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feathers / Foreign Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. No Defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Written Examination
Class 12**

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

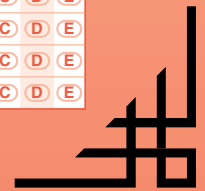
**Team Activity
Class 13**

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Forestry

CDE# 239564-2

Team Name/Additional Info

Incorrect Marks Correct Mark



Team/Schl ID	State	Full Name (Last name followed by a space followed by first name)
0 0 0 0		
1 1 1 1	A A	A A A A A A A A A A A A A A A A A A
2 2 2 2	B B	B B B B B B B B B B B B B B B B B B
3 3 3 3	C C	C C C C C C C C C C C C C C C C C C
4 4 4 4	D D	D D D D D D D D D D D D D D D D D D
5 5 5 5	E E	E E E E E E E E E E E E E E E E E E
6 6 6 6	F F	F F F F F F F F F F F F F F F F F F
7 7 7 7	G G	G G G G G G G G G G G G G G G G G G
8 8 8 8	H H	H H H H H H H H H H H H H H H H H H
9 9 9 9	I I	I I I I I I I I I I I I I I I I I I
	J J	J J J J J J J J J J J J J J J J J J
	K K	K K K K K K K K K K K K K K K K K K
	L L	L L L L L L L L L L L L L L L L L L
	M M	M M M M M M M M M M M M M M M M M M
	N N	N N N N N N N N N N N N N N N N N N
	O O	O O O O O O O O O O O O O O O O O O
	P P	P P P P P P P P P P P P P P P P P P
	Q Q	Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
	R R	R R R R R R R R R R R R R R R R R R
	S S	S S S S S S S S S S S S S S S S S S
	T T	T T T T T T T T T T T T T T T T T T
	U U	U U U U U U U U U U U U U U U U U U
	V V	V V V V V V V V V V V V V V V V V V
	W W	W W W W W W W W W W W W W W W W W W
	X X	X X X X X X X X X X X X X X X X X X
	Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Z Z	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

Exam					Mgmt/TSI				
1	A B C D E	26	A B C D E	1	A B C D E				
2	A B C D E	27	A B C D E	2	A B C D E				
3	A B C D E	28	A B C D E	3	A B C D E				
4	A B C D E	29	A B C D E	4	A B C D E				
5	A B C D E	30	A B C D E	5	A B C D E				
6	A B C D E	31	A B C D E	6	A B C D E				
7	A B C D E	32	A B C D E	7	A B C D E				
8	A B C D E	33	A B C D E	8	A B C D E				
9	A B C D E	34	A B C D E	9	A B C D E				
10	A B C D E	35	A B C D E	10	A B C D E				
11	A B C D E	36	A B C D E	11	A B C D E				
12	A B C D E	37	A B C D E	12	A B C D E				
13	A B C D E	38	A B C D E	13	A B C D E				
14	A B C D E	39	A B C D E	14	A B C D E				
15	A B C D E	40	A B C D E	15	A B C D E				
16	A B C D E	41	A B C D E	16	A B C D E				
17	A B C D E	42	A B C D E	17	A B C D E				
18	A B C D E	43	A B C D E	18	A B C D E				
19	A B C D E	44	A B C D E	19	A B C D E				
20	A B C D E	45	A B C D E	20	A B C D E				
21	A B C D E	46	A B C D E	21	A B C D E				
22	A B C D E	47	A B C D E	22	A B C D E				
23	A B C D E	48	A B C D E	23	A B C D E				
24	A B C D E	49	A B C D E	24	A B C D E				
25	A B C D E	50	A B C D E	25	A B C D E				

Code			
Sheet	Test	Team	Student
0 0 0 0			
1 1 1 1			
2 2 2 2			
3 3 3 3			
4 4 4 4			
5 5 5 5			
6 6 6 6			
7 7 7 7			
8 8 8 8			
9 9 9 9			

Chainsaw	
1	A B C D E
2	A B C D E
3	A B C D E
4	A B C D E
5	A B C D E
6	A B C D E
7	A B C D E
8	A B C D E
9	A B C D E
10	A B C D E

Map	
1	A B C D E
2	A B C D E
3	A B C D E
4	A B C D E
5	A B C D E
6	A B C D E
7	A B C D E
8	A B C D E
9	A B C D E
10	A B C D E

Tree Identification												
1	2	3	4	5	6	7	8	9	10	11	12	13
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
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2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

Forestry Products	
1	A B C D E
2	A B C D E
3	A B C D E
4	A B C D E
5	A B C D E
6	A B C D E
7	A B C D E
8	A B C D E
9	A B C D E
10	A B C D E

Mgmt	
1	A B C D E
2	A B C D E
3	A B C D E
4	A B C D E
5	A B C D E
6	A B C D E
7	A B C D E
8	A B C D E
9	A B C D E
10	A B C D E

14	15	16	17	18	19	20	21	22	23	24	25
0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Volume Calculation Space

Compass Practicum

Equipment Identification

PLEASE DO NOT WRITE IN THIS AREA

1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

A Z I M U T H

1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

D I S T A N C E

1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

O F S P E C I M E N

1	2	3	4	5	6	7	8	9	10
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1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Timber Cruising DBH & Height

DBH 1	Hi 1	DBH 2	Hi 2	DBH 3	Hi 3	DBH 4	Hi 4	DBH 5	Hi 5	DBH 6	Hi 6	DBH 7	Hi 7	DBH 8	Hi 8	DBH 9	Hi 9	DBH 10	Hi 10	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Volume

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Forestry Disorders

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Practicums

1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

SERIAL #

Horse & Livestock CDE form # 239559-2

Team Name/Additional Info

Incorrect Marks Correct Mark



Team/Schl ID	State	Full Name (Last name followed by a space followed by first name)
0 0 0 0		
1 1 1 1	A	A A
2 2 2 2	B	B B
3 3 3 3	C	C C
4 4 4 4	D	D D
5 5 5 5	E	E E
6 6 6 6	F	F F
7 7 7 7	G	G G
8 8 8 8	H	H H
9 9 9 9	I	I I
	J	J J
	K	K K
	L	L L
	M	M M
	N	N N
	O	O O
	P	P P
	Q	Q Q
	R	R R
	S	S S
	T	T T
	U	U U
	V	V V
	W	W W
	X	X X
	Y	Y Y
	Z	Z Z

Codes			
Sheet	Test	Team	Student
0 0 0 0			
1 1 1 1			
2 2 2 2			
3 3 3 3			
4 4 4 4			
5 5 5 5			
6 6 6 6			
7 7 7 7			
8 8 8 8			
9 9 9 9			

Placing Classes											
Placing	Class								Placing		
	1	2	3	4	5	6	7	8			
1	1 2 3 4									1 2 3 4	1
2	1 2 4 3									1 2 4 3	2
3	1 3 2 4									1 3 2 4	3
4	1 3 4 2									1 3 4 2	4
5	1 4 2 3									1 4 2 3	5
6	1 4 3 2									1 4 3 2	6
7	2 1 3 4									2 1 3 4	7
8	2 1 4 3									2 1 4 3	8
9	2 3 1 4									2 3 1 4	9
10	2 3 4 1									2 3 4 1	10
11	2 4 1 3									2 4 1 3	11
12	2 4 3 1									2 4 3 1	12
13	3 1 2 4									3 1 2 4	13
14	3 1 4 2									3 1 4 2	14
15	3 2 1 4									3 2 1 4	15
16	3 2 4 1									3 2 4 1	16
17	3 4 1 2									3 4 1 2	17
18	3 4 2 1									3 4 2 1	18
19	4 1 2 3									4 1 2 3	19
20	4 1 3 2									4 1 3 2	20
21	4 2 1 3									4 2 1 3	21
22	4 2 3 1									4 2 3 1	22
23	4 3 1 2									4 3 1 2	23
24	4 3 2 1									4 3 2 1	24

Female Selections			
Animal Number	Class 9 Keep Cull	Class 10 Keep Cull	Class 11 Keep Cull
1			
2			
3			
4			
5			
6			
7			
8			

Class 12 - Feeder Cattle Grading								
Animal Number	Frame Size				Muscle Thickness			
	Large	Medium	Small	Inferior	1	2	3	4
1								
2								
3								
4								
5								

Class 13 - Market Swine Grading							
Animal Number	Degree of Muscling			Average Backfat			
	Superior	Average	Inferior	.99" or less	1.00-1.24"	1.25-1.49"	1.50" or over
1							
2							
3							
4							
5							

Reasons			
Class 16	Class 17	Class 18	Class 19
0 0 0 0			
1 1 1 1			
2 2 2 2			
3 3 3 3			
4 4 4 4			
5 5 5 5			
6 6 6 6			
7 7 7 7			
8 8 8 8			
9 9 9 9			

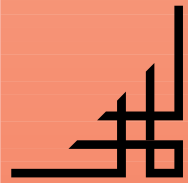
Class 14 - Slaughter Cattle Grading										
Animal Number	Quality Grade				Yield Grade (Cutability)					
	Prime		Choice		Select		Standard			
	High	Low	High	Low	High	Low	High	Low		
1										
2										
3										
4										
5										

Class 15 - Questions on Placing Classes									
1	1 2 3 4	11	1 2 3 4	21	1 2 3 4	31	1 2 3 4		
2	1 2 3 4	12	1 2 3 4	22	1 2 3 4	32	1 2 3 4		
3	1 2 3 4	13	1 2 3 4	23	1 2 3 4	33	1 2 3 4		
4	1 2 3 4	14	1 2 3 4	24	1 2 3 4	34	1 2 3 4		
5	1 2 3 4	15	1 2 3 4	25	1 2 3 4	35	1 2 3 4		
6	1 2 3 4	16	1 2 3 4	26	1 2 3 4	36	1 2 3 4		
7	1 2 3 4	17	1 2 3 4	27	1 2 3 4	37	1 2 3 4		
8	1 2 3 4	18	1 2 3 4	28	1 2 3 4	38	1 2 3 4		
9	1 2 3 4	19	1 2 3 4	29	1 2 3 4	39	1 2 3 4		
10	1 2 3 4	20	1 2 3 4	30	1 2 3 4	40	1 2 3 4		

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Practicums (Judges)

1	2	3	4	5	6	7	8	9	10	11	12
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

Written Exam I

1	A B C D E	21	A B C D E	41	A B C D E	61	A B C D E	81	A B C D E
2	A B C D E	22	A B C D E	42	A B C D E	62	A B C D E	82	A B C D E
3	A B C D E	23	A B C D E	43	A B C D E	63	A B C D E	83	A B C D E
4	A B C D E	24	A B C D E	44	A B C D E	64	A B C D E	84	A B C D E
5	A B C D E	25	A B C D E	45	A B C D E	65	A B C D E	85	A B C D E
6	A B C D E	26	A B C D E	46	A B C D E	66	A B C D E	86	A B C D E
7	A B C D E	27	A B C D E	47	A B C D E	67	A B C D E	87	A B C D E
8	A B C D E	28	A B C D E	48	A B C D E	68	A B C D E	88	A B C D E
9	A B C D E	29	A B C D E	49	A B C D E	69	A B C D E	89	A B C D E
10	A B C D E	30	A B C D E	50	A B C D E	70	A B C D E	90	A B C D E
11	A B C D E	31	A B C D E	51	A B C D E	71	A B C D E	91	A B C D E
12	A B C D E	32	A B C D E	52	A B C D E	72	A B C D E	92	A B C D E
13	A B C D E	33	A B C D E	53	A B C D E	73	A B C D E	93	A B C D E
14	A B C D E	34	A B C D E	54	A B C D E	74	A B C D E	94	A B C D E
15	A B C D E	35	A B C D E	55	A B C D E	75	A B C D E	95	A B C D E
16	A B C D E	36	A B C D E	56	A B C D E	76	A B C D E	96	A B C D E
17	A B C D E	37	A B C D E	57	A B C D E	77	A B C D E	97	A B C D E
18	A B C D E	38	A B C D E	58	A B C D E	78	A B C D E	98	A B C D E
19	A B C D E	39	A B C D E	59	A B C D E	79	A B C D E	99	A B C D E
20	A B C D E	40	A B C D E	60	A B C D E	80	A B C D E	100	A B C D E

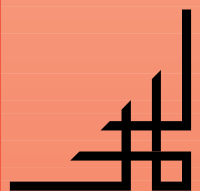
Written Exam II

1	A B C D E	21	A B C D E	41	A B C D E	61	A B C D E	81	A B C D E
2	A B C D E	22	A B C D E	42	A B C D E	62	A B C D E	82	A B C D E
3	A B C D E	23	A B C D E	43	A B C D E	63	A B C D E	83	A B C D E
4	A B C D E	24	A B C D E	44	A B C D E	64	A B C D E	84	A B C D E
5	A B C D E	25	A B C D E	45	A B C D E	65	A B C D E	85	A B C D E
6	A B C D E	26	A B C D E	46	A B C D E	66	A B C D E	86	A B C D E
7	A B C D E	27	A B C D E	47	A B C D E	67	A B C D E	87	A B C D E
8	A B C D E	28	A B C D E	48	A B C D E	68	A B C D E	88	A B C D E
9	A B C D E	29	A B C D E	49	A B C D E	69	A B C D E	89	A B C D E
10	A B C D E	30	A B C D E	50	A B C D E	70	A B C D E	90	A B C D E
11	A B C D E	31	A B C D E	51	A B C D E	71	A B C D E	91	A B C D E
12	A B C D E	32	A B C D E	52	A B C D E	72	A B C D E	92	A B C D E
13	A B C D E	33	A B C D E	53	A B C D E	73	A B C D E	93	A B C D E
14	A B C D E	34	A B C D E	54	A B C D E	74	A B C D E	94	A B C D E
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17	A B C D E	37	A B C D E	57	A B C D E	77	A B C D E	97	A B C D E
18	A B C D E	38	A B C D E	58	A B C D E	78	A B C D E	98	A B C D E
19	A B C D E	39	A B C D E	59	A B C D E	79	A B C D E	99	A B C D E
20	A B C D E	40	A B C D E	60	A B C D E	80	A B C D E	100	A B C D E

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Linear Evaluation Classes

Written Exam

Class	Linear Evaluation Classes															Class		
	Form				Rump		Legs & Feet		Udder				Teats					
	Stature	Strength	Body Depth	Dairy Form	Rump Angle	Rump Width	Side View Rear Legs	Foot Angle	Fore Udder Attachment	Rear Udder Height	Rear Udder Width	Udder Cleft	Udder Depth	Front Teat Placement	Teat Length			
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11	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
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1	A	B	C	D	E	26	A	B	C	D	E
2	A	B	C	D	E	27	A	B	C	D	E
3	A	B	C	D	E	28	A	B	C	D	E
4	A	B	C	D	E	29	A	B	C	D	E
5	A	B	C	D	E	30	A	B	C	D	E
6	A	B	C	D	E	31	A	B	C	D	E
7	A	B	C	D	E	32	A	B	C	D	E
8	A	B	C	D	E	33	A	B	C	D	E
9	A	B	C	D	E	34	A	B	C	D	E
10	A	B	C	D	E	35	A	B	C	D	E
11	A	B	C	D	E	36	A	B	C	D	E
12	A	B	C	D	E	37	A	B	C	D	E
13	A	B	C	D	E	38	A	B	C	D	E
14	A	B	C	D	E	39	A	B	C	D	E
15	A	B	C	D	E	40	A	B	C	D	E
16	A	B	C	D	E	41	A	B	C	D	E
17	A	B	C	D	E	42	A	B	C	D	E
18	A	B	C	D	E	43	A	B	C	D	E
19	A	B	C	D	E	44	A	B	C	D	E
20	A	B	C	D	E	45	A	B	C	D	E
21	A	B	C	D	E	46	A	B	C	D	E
22	A	B	C	D	E	47	A	B	C	D	E
23	A	B	C	D	E	48	A	B	C	D	E
24	A	B	C	D	E	49	A	B	C	D	E
25	A	B	C	D	E	50	A	B	C	D	E

Reasons		
Class 15	Class 16	Class 17
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2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Questions on Placing Classes			
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3	1	2	3
4	1	2	3
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26	1	2	3
27	1	2	3
28	1	2	3
29	1	2	3
30	1	2	3

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Class 5 Milker/Unit					
Score	Sample Number				
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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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1.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defects	Sample Number				
	1	2	3	4	5
Rubber:					
dirty or milkstone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
checked or blistered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
leaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poorly fitted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Metal:	1	2	3	4	5
dirty or milkstone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dented or damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pitted or corroded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
open seam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Defect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

Part I Problem Solving										
Food Identification	Sample Number									
	1	2	3	4	5	6	7	8	9	10
Natural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part II					
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4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Part III Team Event Judge's Score	
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Written Test					
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36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #



Poultry

CDE form # 239563-2

Team Name/Additional Info

Incorrect Marks Correct Mark



Team/Schl ID	State	Full Name (Last name followed by a space followed by first name)
0 0 0 0		
1 1 1 1	A A	A A A A A A A A A A A A A A A A A A
2 2 2 2	B B	B B B B B B B B B B B B B B B B B B
3 3 3 3	C C	C C C C C C C C C C C C C C C C C C
4 4 4 4	D D	D D D D D D D D D D D D D D D D D D
5 5 5 5	E E	E E E E E E E E E E E E E E E E E E
6 6 6 6	F F	F F F F F F F F F F F F F F F F F F
7 7 7 7	G G	G G G G G G G G G G G G G G G G G G
8 8 8 8	H H	H H H H H H H H H H H H H H H H H H
9 9 9 9	I I	I I I I I I I I I I I I I I I I I I
	J J	J J J J J J J J J J J J J J J J J J
	K K	K K K K K K K K K K K K K K K K K K
	L L	L L L L L L L L L L L L L L L L L L
	M M	M M M M M M M M M M M M M M M M M M
	N N	N N N N N N N N N N N N N N N N N N
	O O	O O O O O O O O O O O O O O O O O O
	P P	P P P P P P P P P P P P P P P P P P
	Q Q	Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
	R R	R R R R R R R R R R R R R R R R R R
	S S	S S S S S S S S S S S S S S S S S S
	T T	T T T T T T T T T T T T T T T T T T
	U U	U U U U U U U U U U U U U U U U U U
	V V	V V V V V V V V V V V V V V V V V V
	W W	W W W W W W W W W W W W W W W W W W
	X X	X X X X X X X X X X X X X X X X X X
	Y Y	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Z Z	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

Broiler Breeder Selection

Bird Number	Class 1	
	Keep	Cull
1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>

Placing Classes

Placing	Class				Placing
	3	5	8	10	
1	1 2 3 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4
2	1 2 4 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 4 3
3	1 3 2 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 3 2 4
4	1 3 4 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 3 4 2
5	1 4 2 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 4 2 3
6	1 4 3 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 4 3 2
7	2 1 3 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 1 3 4
8	2 1 4 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 1 4 3
9	2 3 1 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 3 1 4
10	2 3 4 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 3 4 1
11	2 4 1 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 4 1 3
12	2 4 3 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 4 3 1
13	3 1 2 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 1 2 4
14	3 1 4 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 1 4 2
15	3 2 1 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 2 1 4
16	3 2 4 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 2 4 1
17	3 4 1 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 4 1 2
18	3 4 2 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 4 2 1
19	4 1 2 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 1 2 3
20	4 1 3 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 1 3 2
21	4 2 1 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 2 1 3
22	4 2 3 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 2 3 1
23	4 3 1 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 3 1 2
24	4 3 2 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 3 2 1

Reasons

Class 2 Class 6		
0 0 0 0		
1 1 1 1		
2 2 2 2		
3 3 3 3		
4 4 4 4		
5 5 5 5		
6 6 6 6		
7 7 7 7		
8 8 8 8		
9 9 9 9		

Codes

Sheet	Test	Team	Student
0 0 0 0			
1 1 1 1			
2 2 2 2			
3 3 3 3			
4 4 4 4			
5 5 5 5			
6 6 6 6			
7 7 7 7			
8 8 8 8			
9 9 9 9			

Carcass/Part Grading

Carcass/Part Number	Class 4 Quality			
	A	B	C	NG*
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*NG = Nongradable

Egg Interior Grading

Egg Number	Class 7 Quality		
	AA	A	B Loss
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cartoned Eggs Written Factors

Defect	Class 9 Carton Number			
	1	2	3	4
Checked/Cracked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular Shape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium Deposits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Definite Ridges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adhering Material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prominent Stain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slight Stain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed Color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uneven Size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Defect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Further Processed Poultry Meat Products Written Factors

Defect	Class 11 Sample Number			
	1	2	3	4
>1" Void Area (batter/breading)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3/4"-1" Void Area (batter/breading)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1/4"-3/4" Void Area (batter/breading)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
>1/2" Reddish to Pink area; Undercooked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
>1" Meat Void	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1/2"-1" Meat Void	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or Burned Area (crumb size or larger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Light or Very Dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different Shape or Size; Malformed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Fragment; Non-food Item	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No Defect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

Identification of Carcass Parts										
Part	Class 12 Part Number									
	1	2	3	4	5	6	7	8	9	10
Half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear half	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole breast with ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless whole breast with rib meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless whole breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Split breast with ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless split breast with rib meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Split breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless split breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast quarter without wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenderloin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wishbone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg quarter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh with back portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless thigh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drumstick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boneless, skinless drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drumette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wing Portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gizzard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8	9	10

Written Examination Class 13				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team Activity Class 14				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

