



**Shed Management Inspection and
Wool Classing Report**

Date:	Registration No.:
Name:	
Address:	
Phone No.:	Email:
Brand of clip:	Area:

Owner Classer / Shed Classer circle *which applies*

Breed Merino Half Bred Crossbred
 Ewe Hogget Wethers Lambs

Sheep shorn per day No of shearers No of wool handlers

The above information is to be completed by the wool classer and form given to the Inspector (who has been appointed by NZWCA Registrar, either brokers wool rep or NZWCA rep) to complete the following section with a score of between 1 and 5 (1 being poor 5 being good):

[These forms are available on our website under 'Resources/Forms'](#)

<https://www.woolclassers.org.nz>

This form is confidential to the Registrar of the NZ Wool Classers Association and the Wool Broker Representative



(please print clearly)

Wool Representative	
Broker/Merchant	
Phone No.	
Email	

Differential between lines:

Micron

Style

Colour

Length

Classing between lines:

Tender

Colour

Cotts

Shorts

Oddment preparation:

Necks Backs 1st Pcs Bellies 2nd Pcs

Loxs Fribs Eye Clips Pizzle Dags

Shed Management

Shed set Up Bale Book placement Wool table/s in ideal position for shed

Fadge holders and wool bins in ideal position for shed

Wool table/s in ideal position for shed

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WOOL PRESS & DOCUMENTATION

Clear accurate brands clearance Accurate bale records Wool store

Target bale weight (kg)..... Completed Specifications Using online specs?

CONTAMINATION

No synthetic twine present Checked wool packs for loose fabric Rubbish bins present

Tidy and well swept wool shed Clothing put away Black Fibre container

Other Comments:

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Management & Utilisation of Labour (Organisation of staff)

- (A) Consistent & high-quality wool handling skills
.....
- (B) Evidence they have discussed the wool handling standards with the farmer/contractor and have taken responsibility for organising the wool shed
.....
- (C) That they are familiar with the industry Code of Practice.....
- (D) That they have completed a Health and Safety programme (eg Tahi Ngatahi)
YES / NO

Limitations or factors affecting the quality of preparation

.....

.....

.....

.....

.....

Comments / Recommendations.....

.....

.....

.....

.....

Inspection carried out by (print clearly)

WOOL INSPECTOR PLEASE COMPLETE AND SEND WITH CLIP TEST RESULTS (if available)

TO:

EMAIL : reg@woolclassers.org.nz (NZWCA Registrar: Marg Forde ph 0274 743 104)

OR POST: NZWCA c/- 67 Jacks Drive, West Melton 7618

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