

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
THE NATIONAL POULTRY IMPROVEMENT PLAN

**INVESTIGATION OF SALMONELLA
ISOLATIONS IN POULTRY**

INSTRUCTIONS: Read instructions on reverse before completing this form.

1. ISOLATION REPORTED

- a. PULLORUM b. TYPHOID
c. TYPHIMURIUM d. ARIZONA
e. OTHER (Specify):

**2. VS FORM 9-6
SERIAL NO.**

3. SPECIMEN SUBMITTED

- a. CHICKEN b. TURKEY
c. OTHER (Specify)

**4. DATE SPECIMEN
SUBMITTED**

SECTION A - FLOCK FROM WHICH INFECTED SPECIMENS WERE SUBMITTED

5. NAME & ADDRESS OF OWNER (Include zip code)

6. LOCATION OF FLOCK

7. BREED, STRAIN OR TRADE NAME

8. NO. BIRDS

9. AGE

10. PURPOSE OF FLOCK (Check appropriate blocks)

- a. PRODUCTION b. REPRODUCTION c. EGGS d. MEAT
e. PRIMARY f. MULTIPLIER g. OTHER (Specify)

**11. ESTIMATED EFFECTS OF THIS
INSPECTION**

a. MORTALITY

b. MORIDITY

12. SUSPECTED SOURCE OF THIS INFECTION

- a. PREMISES b. NEARBY FLOCK
c. CONTAMINATED SUPPLIES
d. OTHER (Specify)

**13. KIND OF
SPECIMENS
COLLECTED FOR
LAB. EXAM**

14. CORRECTIVE MEASURES APPLIED

- a. QUARANTINE b. DISCONTINUE AS HATCHERY FLOCK
c. CLEAN AND DISINFECT PREMISES d. SLAUGHTER
e. CLEANUP BY RETESTING f. FUMIGATE EGGS g. MEDICATION
h. OTHER (Specify)

**15. MEASURES CHECKED IN ITEM 14
ADEQUATE TO PREVENT SPREAD**

- YES NO

SECTION B - HATCHERY SOURCE OF FLOCK REPORTED IN SECTION A

16. NAME & LOCATION OF HATCHERY (Include zip code)

**17. APPROVAL
NUMBER**

**18. PREVIOUS ISOLATIONS OF SAME SEROTYPE IMPLICATING
THIS HATCHERY**
NO. OF REPORTS

19. INVESTIGATIVE PROCEDURES. (Indicate positive (+) or negative (-) results of each procedure used.)

A. SURVEY OF FLOCKS FROM

- a. SAME OR PROXIMATE HATCHES
b. SAME PARENT FLOCK (s)

B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY

- a. EGGS (Incubator rejects) b. INCUBATOR SWABS c. AIR SAMPLE
d. FLUFF e. BABY POULTRY f. OTHER (Specify)

20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION

- YES NO

SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A

21. NAME & ADDRESS OF OWNER OF PARENT FLOCK
(Include zip code)

22. LOCATION OF PARENT FLOCK

**23. NO. BIRDS IN
PARENT FLOCK**

**24. SOURCE OF
PARENT FLOCK
BY SEX**

A. MALES (Name & address of breeder)

B. FEMALES (Name & address of breeder)

**25. CLASSIFICATION
AND BASIS OF
QUALIFICATION**

A. U.S. PULLORUM-TYPHOID CLEAN

- a. 100% TEST b. SAMPLE TEST _____ % TESTED
c. MONITORING PROGRAM (Date of last exam)

B. U.S. TYPHIMURIUM CONTROLLED

- a. PREMISES HISTORY
b. 100% TEST

**26. EXAMINATIONS
FOR SUSPECTED
SEROTYPE**

A. SEROLOGICAL

- a. NO. BIRDS TESTED
b. NO. REACTORS

B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results)

- a. REACTORS b. CLOACAL SWABS c. CULL BIRDS
d. FECES e. LITTER f. DUST

27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE

28. REMARKS

29. INSPECTOR

30. STATE

31. DATE

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