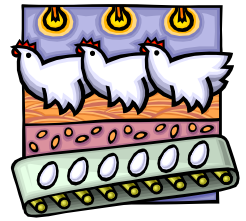




Animal and
Plant Health
Inspection
Service

Veterinary
Services

Layers 2013 Questionnaire



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-xxxx
Expires xxxx

State FIPS:	Operation #:	Interviewer:	Date:
2 digits	4 digits	Initials	(mm/dd/yy)

Arrival time at operation: _____

Section 1—Farm Management

- Which of the following best describes this farm's production and marketing arrangement?
 - ₁ Company-owned farm
 - ₂ Contract farm—company owns birds and markets eggs
 - ₃ Contract farm—producer owns birds; company markets eggs
 - ₄ Independent producer—producer owns birds and markets eggs
- Are pullets raised on this layer premises? ₁ Yes ₃ No
- How many layer houses are on this farm?..... _____ #
- How many of these houses are:
 - a. Less than 5 years old? _____
 - b. 5 to 9 years old? + _____
 - c. 10 to 19 years old? + _____
 - d. 20 or more years old? + _____
 - Total** must equal Question 3 = _____
- At maximum capacity, how many of these houses would hold:
 - a. Fewer than 30,000 layers? _____
 - b. 30,000 to 69,999 layers? + _____
 - c. 70,000 to 119,999 layers? + _____
 - d. 120,000 to 199,999 layers? + _____
 - e. 200,000 or more layers? + _____
 - Total** must equal Question 3 = _____

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- a. One..... _____
- b. Two to three..... + _____
- c. Four to five..... + _____
- d. Six or more..... + _____
- e. Cage free..... + _____
- Total** must equal Question 3 = _____

7. How many houses are:
- a. Traditional cage housing?..... _____
 - b. Enriched cage housing? + _____
 - c. Certified organic?..... + _____
 - d. Cage free (not organic)?..... + _____
 - Total** must equal Question 3..... = _____

8. How many houses have locks on the doors?..... # _____

9. How many houses have outdoor access for birds?..... # _____

[If Question 9 = 0, SKIP to Question 12.]

10. Do the following animals have access to the poultry outdoor area?
- a. Stray poultry..... ₁ Yes ₃ No
 - b. Wild birds..... ₁ Yes ₃ No
 - c. Cats..... ₁ Yes ₃ No
 - d. Other animals..... ₁ Yes ₃ No

11. What type of outdoor access is provided?
- a. Porch system..... ₁ Yes ₃ No
 - b. Covered outdoor area..... ₁ Yes ₃ No
 - c. Uncovered outdoor area..... ₁ Yes ₃ No
 - d. Rotating pasture system (e.g., mobile poultry house)..... ₁ Yes ₃ No

12. Which of the following is the primary manure-handling method on this operation?

[Check one only and follow the SKIP pattern.]

₁ High rise (pit at ground level with house above) *[Go to Question 13.]*

₂ Deep pit (below ground) *[Go to Question 13.]*

₃ Shallow pit (ground level) *[Go to Question 13.]*

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Code for Question 13
1 = After each flock removed or more frequently
2 = After 2 to 3 flocks
3 = After 4 to 5 flocks
4 = After 6 or more flocks
5 = Never

13. ANSWER this question if Question 12 = 1, 2, or 3 (a high rise, deep, or shallow pit is used).
 If a high rise, deep, or shallow pit is used, what is the frequency of manure disposal?
[Check one only.]

- | | Code |
|--|-------------|
| a. Complete removal with no organic material left..... | _____ |
| b. Leave a base..... | _____ |

[Go to Section 2.]

14. ANSWER this question if Question 12 = 4 (a flush system is used).
 What is the minimum distance (in feet) from the lagoon to the nearest layer house?.... _____ feet

[Go to Section 2.]

15. ANSWER this question if Question 12 = 5 or 6 (manure belt or scraper system is used).
 If a manure belt or scraper system is used, once the manure is removed from the house, is it usually:
[Check one only.]

- ₁ Disposed of within 7 days (spread on fields or removed from the farm)?
- ₂ Stored in a manure pile on farm for more than 7 days?
- ₃ Composted on farm (aerated and or stirred) or dehydrated on farm?

16. ANSWER this question if Question 15 is answered.
[If manure storage area is attached to layer house, enter 0.]
 What is the minimum distance (in feet) from the on-site manure storage/disposal area to the nearest layer house?..... _____ feet

Section 2—Employees and Visitors

1. This question asks about paid and unpaid workers including family members who regularly work on this farm. This includes office staff and egg room and feed mill personnel if on-site, but does not include placement, vaccination, and catch crews.
- In the last 12 months, what was the highest number of paid or unpaid workers who worked on this farm on any one day?..... _____ #
- a. How many of these workers normally have access to the layer houses?..... _____ #
 - b. How many of these workers lived on the farm?..... _____ #

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For the next question, "company or contract crews" include placement, vaccination, and catch crews. If the farm does not use company or contract crews, line through the column and indicate NA.

2. Are the following required for employees or company or contract crews who work in the layer houses?

	Employees	Company or contract crews
a. Different personnel for different houses	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Footbaths	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Shower	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Change clothes/coveralls	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. Not be around other poultry at least 24 hr (e.g., other farms, markets, slaughter plants)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Cannot own their own poultry or birds	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

3. Did any of the following provide health services for your operation at any time during the last 12 months?

a. Company service person/company veterinarian.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Private veterinarian.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. State diagnostic lab.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Technical service (i.e., feed, vaccine or breeder companies)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. University extension service.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
f. Other (specify: _____).....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

Code for Question 4
1 = Visitors are allowed but are required to sign in
2 = Visitors are allowed but are NOT required to sign in
3 = No visitors are allowed inside the layer houses

4. Which of the following best describes the policy regarding nonbusiness- and business-related visitors **inside** your layer houses? [Check one only.]

- a. Nonbusiness visitors _____ code
- b. Business visitors (e.g., consultants, repairmen, etc.) _____ code

[SKIP applicable column in Question 5 if Question 4 = 3 (no visitors inside houses).]

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5. Are any of the following required for visitors before entering your layer houses?

	Nonbusiness visitors	Business visitors
a. Shower	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Clean boots	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Clean coveralls	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Footbaths	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
e. If Question 5d = Yes, how long is the disinfectant used before it is changed (in hours or days)?	_____ hr OR _____ days	_____ hr OR _____ days
f. If Question 5d = Yes, what kind of footbath is used? [Check one only.]	<input type="checkbox"/> ₁ Liquid <input type="checkbox"/> ₂ Aerosol <input type="checkbox"/> ₃ Dry powder <input type="checkbox"/> ₄ Other	<input type="checkbox"/> ₁ Liquid <input type="checkbox"/> ₂ Aerosol <input type="checkbox"/> ₃ Dry powder <input type="checkbox"/> ₄ Other

NOTE: Do not skip both columns for Question 6. It is not part of Question 5.

	Nonbusiness visitors	Business visitors
6. Are visitor vehicles allowed to enter the farm (excluding producer's residence)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

[SKIP corresponding column for Question 7 if Question 6 = No.]

7. Are visitor vehicles which enter the farm required to:		
a. Be cleaned and disinfected upon entering?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
b. Park in a restricted area away from chicken housing?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Not have been on another poultry farm that day?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
8. Are any of the following barriers used to restrict or limit visitor access to the farm?		
a. Gated entrance.....		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
If Question 8a = Yes, are gates locked?.....	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never	
b. Fencing surrounding the farm.....		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
c. Signs posted (i.e., no trespassing)		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
d. Other (specify: _____)		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

Section 3—Animals

1. Are the following domestic species located on this farm?
- | | | |
|---|---|--|
| a. Broilers..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Other poultry (e.g., turkeys, ducks, geese) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Other domestic birds (e.g., ratites, peacocks, etc.) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Cattle..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Horses or other equids..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Sheep or goats..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Pigs..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Cats..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| i. Dogs..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

2. How far is it (in feet or miles) to the nearest premises with poultry (e.g., chickens, ducks, geese, turkeys)?.....
- _____ OR _____
feet **miles**

3. Do the following animals have access to feed in tanks, bins, lines, hoppers, etc., prior to the feed being fed to the layers on your operation?
- | | | |
|--------------------|---|--|
| a. Rodents..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Wild birds..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Flies..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Cats | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Dogs..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

4. Do the following animals have access to feed in the layer house (i.e., in front of birds) on your operation?
- | | | |
|--------------------|---|--|
| a. Rodents..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Wild birds..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Flies..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Cats | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Dogs..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

For Question 5
High = Seen day and night
Moderate = Seen at night, rarely, or never during day
Low = Occasional sighting at night

5. Overall, how much of an ongoing problem were the following rodents in your layer house(s) during the last 12 months?
[Check one box for each item.]
- | | | | | |
|-----------------------|--|--|---|--|
| a. Mice..... | <input type="checkbox"/> ₁ High | <input type="checkbox"/> ₂ Moderate | <input type="checkbox"/> ₃ Low | <input type="checkbox"/> ₄ None |
| b. Rats..... | <input type="checkbox"/> ₁ High | <input type="checkbox"/> ₂ Moderate | <input type="checkbox"/> ₃ Low | <input type="checkbox"/> ₄ None |
| c. Other rodents..... | <input type="checkbox"/> ₁ High | <input type="checkbox"/> ₂ Moderate | <input type="checkbox"/> ₃ Low | <input type="checkbox"/> ₄ None |

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6. Which of the following rodents caused the greatest ongoing problem in your layer house(s) in the last 12 months?

[Check one only.]

- ₁ Mice
- ₂ Rats
- ₃ Other rodents
- ₄ No problem

7. How do you monitor for rodents?

- a. Visual signs..... ₁ Yes ₃ No
- b. Mechanical traps..... ₁ Yes ₃ No
- c. Other (specify: _____)..... ₁ Yes ₃ No

8. Do you monitor rodent index as part of your rodent control program?..... ₁ Yes ₃ No

Note: Rodent index is the equivalent of number of mice caught in 7 days with 12 traps
RI = (number mice caught) x (7 / days trapped) x (12 / number of traps)

[If Question 8 = No, SKIP to Question 10.]

9. Which of the following best describes your rodent index (RI)?

[Check one only.]

- ₁ 0 to 10
- ₂ 11 to 25
- ₃ 26 or more

10. Were the following rodent control methods used in the last 12 months?

- a. Chemicals or bait including those used by a pest control operator..... ₁ Yes ₃ No
- b. Traps or sticky tape..... ₁ Yes ₃ No
- c. Cats ₁ Yes ₃ No
- d. A professional pest control operator..... ₁ Yes ₃ No
- e. Other (specify: _____)..... ₁ Yes ₃ No

11. Which of the following was the **primary** method of rodent control?

[Check one only.]

- ₁ Chemicals or bait
- ₂ Traps or sticky tape
- ₃ Cats
- ₄ A professional pest control operator
- ₅ Other (specify: _____)

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12. Other than manure removal, which of the following was the primary fly control method used in the last 12 months?

[Check one only.]

- ₁ Residual spray
- ₂ Baits
- ₃ Larvicide (spot treatment)
- ₄ Larvicide in feed
- ₅ Space sprays/fogger
- ₆ Biological predators
- ₇ Other (specify: _____)
- ₈ None used

Section 4—Most Recently Placed Pullets

Now we're going to ask questions about the production birds, moving through a production cycle.

1. How many different farm sites did the pullets that made up the most recently placed layer flock originate from?..... _____ sites
2. What percentage of the replacement pullets came from the following sources?
 - a. Purchased from a different company..... _____ %
 - b. Obtained from a different farm site, same company..... + _____ %
 - c. Raised on this farm site
[Include pullets originating from this company's hatcheries or from another company.]..... + _____ %
= 100%

[If Question 2c = 0%, SKIP to Question 4.]

3. What is the distance (in feet) from the pullet house to the nearest laying house?..... _____ feet
4. What percentage of pullets were:
 - a. Primarily cage reared?..... _____ %
 - b. Primarily floor reared?..... + _____ %
= 100%
5. What percentage of the replacement pullets came from a breeding flock monitored by National Poultry Improvement Plan (NPIP)? _____ %
6. Which of the following method(s) are used to monitor *Salmonella enteritidis* (S.e.) in pullets?
 - a. Testing of dead on arrival chicks or chick box paper..... ₁ Yes ₃ No
 - b. Culture environment/manure..... ₁ Yes ₃ No
 - c. Culture live birds..... ₁ Yes ₃ No
 - d. Serology..... ₁ Yes ₃ No

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7. Which of the following best describes what is done if *Salmonella enteritidis* (S.e.) is found in the pullet houses or chicks? [Check one only.]
- ₁ Treat with antibiotics
 - ₂ Destroy flock
 - ₃ Increase monitoring during growing period
 - ₄ No changes in production practices

Section 5—Layer Management

1. As of today, how many layers 20 weeks or older are on this farm?..... _____ #
2. Which of the following best describes the routine molting methods used on this operation? [Check one only.]
- ₁ Do not usually molt
 - ₂ Withhold or restrict feed a set number of days
If checked, for how many days is feed withheld or restricted? _____ days
 - ₃ Withhold or restrict feed until a certain weight is achieved (monitor weight)
 - ₄ Feed alternative diet during molting
If checked, for how many days is the alternative diet fed?..... _____ days
 - ₅ Other (specify: _____)
3. Which of the following best describes the feed currently being fed to laying hens? [Check one only.]
- ₁ Mash
 - ₂ Pelleted
 - ₃ Crumbled
 - ₄ Other (specify: _____)
4. What is the primary method used to deliver feed to the layers within the house? [Check one only.]
- ₁ Chain
 - ₂ Auger cable or paddle system
 - ₃ Traveling hopper system
 - ₄ Hand cart system
 - ₅ Other (specify: _____)
5. Are the following water delivery systems used?
- | | | |
|---------------------------------|---|--|
| a. Nipple drinker..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Cup drinker..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Troughs..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

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6 Of the following, which is the primary source of drinking water for layers? [Check one only.]

- ₁ Municipal water [Go to Section 6.]
- ₂ Well water less than 300 feet deep [Go to Question 7.]
- ₃ Well water 300 feet deep or more [Go to Question 7.]
- ₄ Other (specify: _____) [Go to Question 7.]

7. If the primary source is not municipal, are the following water treatments used in drinking water for the layers?

- a. Chlorination..... ₁ Yes ₃ No
- b. Water softeners..... ₁ Yes ₃ No
- c. Ionizers..... ₁ Yes ₃ No

Section 6—Egg Handling

- 1. How many eggs were produced on this farm in June 2013?..... _____ eggs
- 2. What percentage of eggs produced in June 2013 were:
 - a. Eggs for breaking?..... _____ %
 - b. Shell eggs (whole eggs for packing, not for breaking)?..... _____ %

Note: The remaining questions in this section refer to shell eggs (table eggs) only.

- 3. What percentage of the eggs produced in June 2013 were gathered by:
 - a. Hand?..... _____ %
 - b. Belt?..... + _____ %

= 100%

4. Which of the following best describes the **primary** way eggs are processed (washed, graded, cartoned)?
[Check one only and follow SKIP pattern.]

- ₁ On-farm in-line [Go to Section 7.]
- ₂ On-farm off-line [Go to Section 7.]
- ₃ Off-farm

[ANSWER Questions 5–8 if eggs are processed off-farm.]

- 5. When processed off-farm, what is the:
 - a. Average number of days between egg pickups on-farm?..... _____ days
 - b. Usual temperature for egg storage on-farm?..... _____ °F
 - c. Usual percent humidity for egg storage on-farm?..... _____ %
 - d. Distance to processing plant where the majority of eggs are processed?..... _____ miles
- 6. Do you prewash the eggs before sending them off-farm to be processed?..... ₁ Yes ₃ No

7. Which of the following best describes the type of flats primarily used for storage and transportation of the eggs when processed off-farm?
[Check one only.]
- ₁ Disposable fiber
- ₂ Reusable plastic, cleaned and disinfected
- ₃ Reusable plastic, **not** cleaned and disinfected
8. Are the racks (or pallets) usually returned to the same farm?..... ₁ Yes ₃ No
9. Are the racks (or pallets) usually:
- a. Cleaned before reusing (at this or another farm)?..... ₁ Yes ₃ No
- b. Disinfected before reusing (at this or another farm)?..... ₁ Yes ₃ No

Section 7—End of Production

1. At the end of production, do you remove layers which have escaped from their cages (e.g., pits, top of cages)?..... ₁ Yes ₃ No
2. How many days are layer houses usually empty between flocks (down time)?..... _____ days
3. Are the following procedures performed in the layer houses during “down time” between each flock, after two or more flocks, or never? Exclude procedures performed while layers are present. *[Check NA only if the farm doesn't have the item.]*

	Between..... each flock.....			
Never	NA			
a. Empty feeders.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Wash feeder.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Disinfect feeders.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Empty feed hoppers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Wash feed hoppers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Disinfect feed hoppers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Empty water tanks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Wash water tanks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Disinfect water tanks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Flush water lines.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Disinfect water lines.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Bacterial culture water source.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Wash egg belts/elevators.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. Disinfect egg belts/elevators.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. Replace egg belts/elevators.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. Dry clean (blow down) cages, walls, ceilings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. Wash cages, walls, ceilings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r. Disinfect cages, walls, ceilings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s. Fumigate cages, walls, ceilings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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t. Clean fans, ventilation system, cool cells

1

2

3

4

Section 8—Last Completed Layer Flock

This section asks specifically about management practices performed for the last completed layer flock.

1. For the last completed layer flock, were the pullets placed tested for *Salmonella enteritidis* (S.e.)?..... ₁ Yes ₃ No
 If Yes, at what age (in weeks) were the pullets tested?..... _____ weeks

2. For the last completed layer flock, was the flock molted?..... ₁ Yes ₃ No
 If Yes, was the flock tested for S.e. post-molt?..... ₁ Yes ₃ No
 If Yes, how many weeks post-molt was it tested?..... _____ weeks
[Consider end of molt to be when hens reach 50% production.]

3. For the last completed layer flock, was the flock treated with any antibiotics at any time during the laying cycle?..... ₁ Yes ₃ No

Reason code for question below.	
1 = Improve egg production	3 = Disease prevention
2 = Disease treatment	4 = Other

If Yes, what antibiotics were used, for how many days, and what was the route and reason for use?

Antibiotic	Used	Number of days	Route	Reason (Select code from above.)
Bacitracin methylene disalicylate (BMD)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Bacitracin zinc	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Tylosin	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Chlortetracycline	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Oxytetracycline	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Tetracycline	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Penicillin	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Erythromycin	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	
Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No		<input type="checkbox"/> ₁ feed <input type="checkbox"/> ₂ water <input type="checkbox"/> ₃ injection <input type="checkbox"/> ₄ other	

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4. For the last completed layer flock, what percentage of dead birds (daily mortality) were disposed of by the following methods?
[Do not include the disposal of spent hens.]
- a. Composting..... _____ %
 - b. Incineration..... + _____ %
 - c. Deep pit..... + _____ %
 - d. Rendering..... + _____ %
 - e. Other (specify: _____)..... + _____ %
- = 100%**

Section 9—*Salmonella* prevention practices

This section asks about *Salmonella* prevention practices that were used in the pullet house and layer house for the last completed layer flock.

1. Was a probiotic/prebiotic product used to reduce *Salmonella Enteritidis* (S.e.) in **pullets**?..... ₁ Yes ₃ No ₄ Don't know
2. Were birds vaccinated against *Salmonella* as **pullets**?..... ₁ Yes ₃ No ₄ Don't know

[If Question 2 = No or Don't know, SKIP to Question 5.]

3. How many times were the **pullets** vaccinated against *Salmonella*?..... _____ times Don't know
4. The next few questions are to be answered for each time the **pullets** were vaccinated against *Salmonella*. **[Data Collector: Complete a column for each vaccination indicated in Question 3. Responses can be the same between columns.]**

CHECK ONE RESPONSE ONLY FOR EACH DATA CELL				
PULLETS	Vaccine 1	Vaccine 2	Vaccine 3	Vaccine 4
a. What type of vaccine was used?	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type
b. How was the vaccine administered?	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)
c. If vaccine was injected, what was the injection site?	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)

5. Was a probiotic/prebiotic product used to reduce *Salmonella enteritidis* (S.e.) in **layers**?..... ₁ Yes ₃ No ₄ Don't know

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6. Were birds vaccinated against *Salmonella* as **layers**?..... ₁ Yes ₃ No ₄ Don't know

[If Question 6 = No or Don't know, SKIP to Section 10.]

7. How many times were the **layers** vaccinated against *Salmonella*?..... _____ times Don't know

8. The next few questions are to be answered for each time the **layers** were vaccinated against *Salmonella*. **[Data Collector: Complete a column for each vaccination indicated in Question 8. Responses can be the same between columns.]**

	CHECK ONE RESPONSE ONLY FOR EACH DATA CELL			
Layers	Vaccine 1	Vaccine 2	Vaccine 3	Vaccine 4
a. What type of vaccine was used	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type	<input type="checkbox"/> ₁ Live <i>S. typhimurium</i> <input type="checkbox"/> ₂ SE bacterin <input type="checkbox"/> ₃ Autogenous <input type="checkbox"/> ₄ Don't know type
b. How was the vaccine administered?	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)	<input type="checkbox"/> ₁ Water <input type="checkbox"/> ₂ Spray <input type="checkbox"/> ₃ Injection <input type="checkbox"/> ₄ Other route: (specify: _____)
c. If vaccine was injected, what was the injection site?	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)	<input type="checkbox"/> ₁ Thigh <input type="checkbox"/> ₂ Breast <input type="checkbox"/> ₃ Neck <input type="checkbox"/> ₄ Other site (specify: _____)

Section 10—*Salmonella* Testing Practices

The following questions ask about what your practices are today and what they were 5 years ago.

- | | | |
|---|--|--|
| | Today | 5 years ago |
| 1. Do you test for <i>Salmonella enteritidis</i> (S.e.) in the layer house? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
[If NO, go to Question 6.] | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
[If NO, go to Question 6.] |

[SKIP the corresponding column for Questions 2–5 if they do not test now or did not test for S.e. 5 years ago.]

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2. Which of the following methods do you use to test for *Salmonella enteritidis* (S.e.) in the layer house environment? [Check NA if no egg belts or elevator equipment in layer houses.]

- | | Today | 5 years ago |
|--------------------------------------|---|---|
| a. Manure culture (swab) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Egg belts culture (swab) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ NA | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ NA |
| c. Elevator/equipment culture (swab) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ NA | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ NA |
| d. Other (specify: _____) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

3. Who primarily collects the layer house environment samples for *Salmonella enteritidis* (S.e.) testing? [One code in each column]

1 = Company or farm personnel

2 = State or Federal personnel

3 = Other (specify: _____)

_____ code

_____ code

4. Is testing for *Salmonella enteritidis* (S.e.) usually performed in the layer house environment:\

- | | | |
|--|---|---|
| a. Before layers are placed (empty house)? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. 30 weeks of age? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. 40 to 45 weeks of age? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. 4 to 6 weeks post molt? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
<input type="checkbox"/> ₄ Do not molt | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
<input type="checkbox"/> ₄ Do not molt |
| e. At end of production? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| f. Any other time? (specify: _____) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

[Answer Question 5 if Questions 4b, 4c, or 4d = Yes (after placement but before end of production).]

5. What would you do if S.e. was found in the layer house environment during the production cycle?

- | | | |
|--|--|--|
| a. Collect and culture eggs for S.e. | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Divert eggs until culture is negative | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Take hens out of production | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. Other (specify: _____) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

6. Do you routinely test finished feed or any feed ingredients for *Salmonella enteritidis* (S.e):

- | | |
|-------------------------------|--|
| a. Finished feed?..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Any feed ingredients?..... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

8. Does the feed for your laying hens come from a feed mill certified by AFIA (safe feed/safe food)?.....

₁ Yes ₃ No

9. Has this farm been inspected by the FDA?.....

₁ Yes ₃ No

If Yes, were environmental samples collected during that inspection?.....

₁ Yes ₃ No

10. Other than the FDA, do you currently participate in the following S.e. Quality Assurance Programs?

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- a. State program..... ₁ Yes ₃ No
- b. Company sponsored program..... ₁ Yes ₃ No
- c. Commodity group program (e.g., United Egg Producers) ₁ Yes ₃ No
- d. NPIP SE program..... ₁ Yes ₃ No
- e. Other (specify: _____)..... ₁ Yes ₃ No

[If all responses in Question 10 = No, SKIP to Section 11.]

11. Does the farm have an inspection to verify compliance with S.e. Quality Assurance Program by someone not associated with the farm or company?..... ₁ Yes ₃ No

Section 11—Flock Tests for *Salmonella enteritidis*

Consider *Salmonella* testing for this farm from June 1, 2012, through May 31, 2013.

1. How many flocks were tested and how many flocks had positive results for environmental testing and egg testing during:
 [Enter 0 if none tested or none positive during the time period.]

	Environmental testing		Egg testing	
	# flocks tested	# flocks positive	# flocks tested	# flocks positive
a. June–August	_____	_____	_____	_____
b. September–November	_____	_____	_____	_____
c. December–February	_____	_____	_____	_____
d. March–May	_____	_____	_____	_____

Section 12—The Most Recent Flock Tests for *Salmonella enteritidis*

Instructions: Report information for testing events from June 1, 2012, through May 31, 2013 (do not include tests before or after this time period). Testing events may be for the same flock or for different flocks. A testing event is any flock test plus any confirmatory tests based on that test. For example, if serology is followed with PCR or positive environmental is followed with egg test.

	Most recent positive test (Leave blank if no positive tests from June 1, 2012, through May 31, 2013.)	Most recent negative test
For the most recent positive and negative flock tests for <i>Salmonella enteritidis</i> (S.e.):		
1. What was the: a. Number of hens placed?..... b. Bird density (sq in/bird)?.....	_____ hens sq in/bird	_____ hens sq in/bird
2. Which of the following strains were in the flock (enter code)? 1 = Any variety of Hyline white 2 = Bovans 3 = Shaver 4 = Brown egg strains 5 = Other (specify: _____)	_____ code	_____ code
3. Was the flock (enter code): 1 = Traditional cage? 2 = Enriched cage? 3 = Organic? 4 = Not caged, not organic?	_____ code	_____ code
	Most recent positive test (Leave blank if no positive tests from	Most recent negative test

	June 1, 2012, through May 31, 2013.)	
4. What was the stage of production (enter code)? 1 = Before layers were placed (empty house)? 2 = 30 weeks of age 3 = 40 to 45 weeks of age 4 = 4 to 6 weeks post molt 5 = At end of production 6 = Other	_____ code	_____ code
5. What was the test date (enter month and year)?	____/____ mm/yy	____/____ mm/yy
Initial testing:		
6. Which of the following types of samples were tested initially? a. Layer house environment?..... b. Hens?..... c. Eggs?..... d. Other, specify: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
7. Which of the following tests were used initially? a. Culture..... b. PCR..... c. Serology..... d. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Was any confirmatory or followup testing performed? If Yes, answer Questions 8 and 9.		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
8. Which of the following types of samples were tested? a. Layer house environment?..... b. Hens?..... c. Eggs?..... d. Other, specify: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
9. Which of the following tests were used? a. Culture..... b. PCR..... c. Serology..... d. Other (specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No

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1. Total time for interview (include time to discuss the program and complete the questionnaire). If more than one data collector present, enter the combined time..... _____ min
2. Total travel time (round trip).
If more than one data collector present, enter the combined time..... _____ min
3. Data collector(s): (Enter the number for each category.)
_____ Federal VMO _____ Federal AHT _____ State personnel _____ Other (specify: _____)
4. Enter response code 99 if questionnaire is completed or enter one code of 0, 2, 3, 4, or 7 that best describes the reason why the owner is not participating..... _____ code
99 = Survey completed
00 = Producer not contacted by VMO
02 = Does not want anyone on operation
03 = Bad experience with government veterinarians
04 = Does not want to do another survey or divulge information
07 = Other reason (explain below)
5. Producer data quality..... ₁ Good to Excellent ₂ OK ₃ Poor
6. Did the Producer use written or computerized records to assist in answering this survey?..... ₁ Yes ₃ No
7. Which of the following best describes the respondent's position with this operation?... _____ code
1 = Owner
2 = Manager
3 = Family member (other than owner or manager)
4 = Other hired employee
5 = Other (specify: _____)

Comments regarding this questionnaire or operation:

VMO or AHT Signature: _____