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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0007. The time required to complete this information collection is estimated to average .20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | | | | | | | | OMB Approved  0579-0007 | | |
| **UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **NATIONAL POULTRY IMPORVEMENT PLAN**  **FLOCK INSPECTION AND CHECK-TESTING REPORT** | | | | | | 1. CLASSIFICATION | | | | | | | |
| 2. FLOCK OWNER *(Name and address)* | | | | 3. SUPPLY FLOCK FOR *(Name and address of l1atcllery or dealer)* | | | | | | | | | |
| 4. SELECTED BY | | | 5. TESTED BY | | | | | | 6. BREED, STOCK OR TRADE NAME | | | | |
| MALE | FEMALE | | | |
| 7. NO. BIRDS IN FLOCK *(Males)* | *(Females)* | | 8. HAS REPLACEMENT STOCK BEEN  PURCHASED  YES  NO | | | | | | IF YES, GIVE SOURCE | | | | |
|  | SAT. | UNSAT |  | | SAT. | | UNSAT | EGG HANDLING *(Cont'd)* | | | | SAT. | UNSAT |
| Flock separated from other fowl |  |  | Surrounding area kept clean | |  | |  | Dirty eggs kept separate | | | |  |  |
| Other fowl tested |  |  | Animal kept out of poultry area | |  | |  | Cleanliness of hatching eggs | | | |  |  |
| Reactors and cults removed |  |  | Limited access by visitors | |  | |  | Egg grading | | | |  |  |
| Health of flock |  |  |  | |  | |  | Egg room temperature | | | |  |  |
| Condition of litter |  |  |  | |  | |  | Egg room humidity | | | |  |  |
| Location of equipment |  |  | EGG HANDLING | | | | | Egg room sanitation | | | |  |  |
| Condition of equipment |  |  | Condition of nests | |  | |  |  | | | |  |  |
| Windows screened |  |  | Condition of containers | |  | |  |  | | | |  |  |
| Rodent control |  |  | Frequency of collecting | |  | |  |  | | | |  |  |
| 9. NO.BIRDS CHECK  TESTED | NO. REACTORS | | 10. RESULTS OF INSPECTION AND CHECK-TESTING | | | | | | | | | | |
| 11. REMARKS | | | | | | | | | | | | | |
| 12. SIGNATURE OF STATE INSPECTOR | | | | | | | | | | | | DATE | |

VS FORM 9-8 Previous edition may be used

OCT 2012