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OMB
Approved
0579-0007
EXP DATE XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
THE NATIONAL POULTRY IMPROVEMENT PLAN
HATCHERY INSPECTION REPORT

1. NAME AND MAILING ADDRESS OF HATCHERY (Include zip code)

2. CLASSIFICATION OF PRODUCTS

- U.S. PULLORUM-TYPHOID CLEAN U.S. AI CLEAN OTHER (Specify):
- U.S. M. GALLISEPTICUM CLEAN U.S. S. ENTERITIDIS CLEAN
- U.S. M. SYNOVIAE CLEAN U.S. SALMONELLA MONITORED
- U.S. M. MELEAGRIDIS CLEAN U.S. SANITATION MONITORED

3. DAYS OF WEEK ON WHICH CHICKS ARE HATCH.

- MON THUR SUN
- TUES FRI
- WED SAT

4. INCUBATORS

A. NUMBER	B. MAKE	C. MODEL	D. EGG CAPACITY (Setting and hatching trays)

5. COMPLIANCE

RECORDS	Egg purchases (affiliated flocks)	SAT	UNSAT	Handling of market eggs	SAT	UNSAT	General hatchery cleanliness	SAT	UNSAT	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advertising	<input type="checkbox"/>	<input type="checkbox"/>	Incubator cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
ID OF	Egg and chick purchases (other sources)	<input type="checkbox"/>	<input type="checkbox"/>	FOR AREA OF LOCATION	Egg receiving	<input type="checkbox"/>	<input type="checkbox"/>	Incubator tray disinfecton	<input type="checkbox"/>	<input type="checkbox"/>
	Selecting and testing report	<input type="checkbox"/>	<input type="checkbox"/>		Incubation	<input type="checkbox"/>	<input type="checkbox"/>	Hatchery biosecurity	<input type="checkbox"/>	<input type="checkbox"/>
	Sales	<input type="checkbox"/>	<input type="checkbox"/>		Hatching	<input type="checkbox"/>	<input type="checkbox"/>	Disposal of waste	<input type="checkbox"/>	<input type="checkbox"/>
Eggs in incubator	<input type="checkbox"/>	<input type="checkbox"/>	Chick holding		<input type="checkbox"/>	<input type="checkbox"/>	Incubator fumigation	<input type="checkbox"/>	<input type="checkbox"/>	
Products sold	<input type="checkbox"/>	<input type="checkbox"/>	Waste disposal		<input type="checkbox"/>	<input type="checkbox"/>	Rodent and insect control program	<input type="checkbox"/>	<input type="checkbox"/>	
Products purchased	<input type="checkbox"/>	<input type="checkbox"/>	Tray cleaning		<input type="checkbox"/>	<input type="checkbox"/>	Egg processing are	<input type="checkbox"/>	<input type="checkbox"/>	
Egg Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Storage		<input type="checkbox"/>	<input type="checkbox"/>	Hatching tray cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	
Egg size	<input type="checkbox"/>	<input type="checkbox"/>	Work flow in hatchery		<input type="checkbox"/>	<input type="checkbox"/>	Hatcher fumigation/disinfected	<input type="checkbox"/>	<input type="checkbox"/>	
Egg shell texture	<input type="checkbox"/>	<input type="checkbox"/>	Hatchery ventilation		<input type="checkbox"/>	<input type="checkbox"/>	Egg/chick/poult truck blosecur	<input type="checkbox"/>	<input type="checkbox"/>	
Egg shell color (Tint - white eggs)	<input type="checkbox"/>	<input type="checkbox"/>								

6. BREEDING STOCK FOR SUPPLY FLOCK REPLACEMENT

A. NAME SOURCE OF FLOCK OF ORIGIN	B.CODE P-PRIMARY M-MULTIPLIER	C. OFFICIAL CLASSIFICATION

7. REMARKS (Include recommendations for correction of unsatisfactory compliance)

8. SIGNATURE OF HATCHERYMAN

9. SIGNATURE OF STATE INSPECTOR

10. DATE