

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)		
11. ESTIMATED EFFECTS OF THIS INSPECTION			14. CORRECTIVE MEASURES APPLIED		
12. SUSPECTED SOURCE OF THIS INFECTION			15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD		
13. KIND OF SPECIMENS COLLECTED FOR LAB. EXAM			16. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD		

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
19. INVESTIGATIVE PROCEDURES. (Indicate positive (+) or negative (-) results of each procedure used.)		
A. SURVEY OF FLOCKS FROM	B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY	
a. <input type="checkbox"/> SAME OR PROXIMATE HATCHES	a. <input type="checkbox"/> EGGS (Incubator rejects)	
b. <input type="checkbox"/> SAME PARENT FLOCK (s)	b. <input type="checkbox"/> INCUBATOR SWABS c. <input type="checkbox"/> AIR SAMPLE	
20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION		
21. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION		

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)	
25. CLASSIFICATION AND BASIS OF QUALIFICATION		
A. U.S. PULLORUM-TYPHOID CLEAN		B. U.S. TYPHIMURIUM CONTROLLED
a. <input type="checkbox"/> 100% TEST b. <input type="checkbox"/> SAMPLE TEST _____ % TESTED		a. <input type="checkbox"/> PREMISES HISTORY
c. <input type="checkbox"/> MONITORING PROGRAM (Date of last exam)		b. <input type="checkbox"/> 100% TEST
26. EXAMINATIONS FOR SUSPECTED SEROTYPE	B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results)	
A. SEROLOGICAL	a. <input type="checkbox"/> REACTORS b. <input type="checkbox"/> CLOACAL SWABS c. <input type="checkbox"/> CULL BIRDS	
a. NO. BIRDS TESTED	d. <input type="checkbox"/> FECES e. <input type="checkbox"/> LITTER f. <input type="checkbox"/> DUST	
b. NO. REACTORS	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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