

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. <input type="checkbox"/> PRODUCTION b. <input type="checkbox"/> REPRODUCTION c. <input type="checkbox"/> EGGS d. <input type="checkbox"/> MEAT		
11. ESTIMATED EFFECTS OF THIS INSPECTION	a. MORTALITY	b. MORIDITY	e. <input type="checkbox"/> PRIMARY f. <input type="checkbox"/> MULTIPLIER g. <input type="checkbox"/> OTHER (Specify)		
12. SUSPECTED SOURCE OF THIS INFECTION		13. KIND OF SPECIMENS COLLECTED FOR LAB. EXAM	14. CORRECTIVE MEASURES APPLIED		
a. <input type="checkbox"/> PREMISES b. <input type="checkbox"/> NEARBY FLOCK			a. <input type="checkbox"/> QUARANTINE b. <input type="checkbox"/> DISCONTINUE AS HATCHERY FLOCK		
c. <input type="checkbox"/> CONTAMINATED SUPPLIES			c. <input type="checkbox"/> CLEAN AND DISINFECT PREMISES d. <input type="checkbox"/> SLAUGHTER		
d. <input type="checkbox"/> OTHER (Specify)			e. <input type="checkbox"/> CLEANUP BY RETESTING f. <input type="checkbox"/> FUMIGATE EGGS g. <input type="checkbox"/> MEDICATION		
15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD			h. <input type="checkbox"/> OTHER (Specify)		
			<input type="checkbox"/> YES <input type="checkbox"/> 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		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	
		d. <input type="checkbox"/> FLUFF e. <input type="checkbox"/> BABY POULTRY f. <input type="checkbox"/> OTHER (Specify)	
20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION			
<input type="checkbox"/> YES <input type="checkbox"/> 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		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	A. SEROLOGICAL		B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results)
	a. NO. BIRDS TESTED		a. <input type="checkbox"/> REACTORS b. <input type="checkbox"/> CLOACAL SWABS c. <input type="checkbox"/> CULL BIRDS
	b. NO. REACTORS		d. <input type="checkbox"/> FECES e. <input type="checkbox"/> LITTER f. <input type="checkbox"/> 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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