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OMB APPROVED
0579-0007
EXP: XX/XXXX

This report is required by Regulations 9 CFR 145. Failure to report will hinder nationwide review and analysis of disease investigations.

<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE THE NATIONAL POULTRY IMPROVEMENT PLAN</p> <p>INVESTIGATION OF SALMONELLA ISOLATIONS IN POULTRY</p>	<p>1. ISOLATION REPORTED</p> <p>a. <input type="checkbox"/> PULLORUM b. <input type="checkbox"/> TYPHOID</p> <p>c. <input type="checkbox"/> TYPHIMURIUM d. <input type="checkbox"/> ARIZONA</p> <p>e. <input type="checkbox"/> OTHER (specify)</p>	<p>2. VS FORM 9-6 SERIAL NO.</p>
	<p>3. SPECIMEN SUBMITTED</p> <p>a. <input type="checkbox"/> CHICKEN b. <input type="checkbox"/> TURKEY</p> <p>c. <input type="checkbox"/> OTHER (specify)</p>	<p>4. DATE SPECIMEN SUBMITTED</p>

SECTION A - FLOCK FROM WHICH INFECTED SPECIMENS WERE SUBMITTED

<p>5. NAME & ADDRESS OF OWNER (include zip code)</p>			<p>6. LOCATION OF FLOCK</p>			
<p>7. BREED, STRAIN, OR TRADE NAME</p>	<p>8. NO. BIRDS</p>	<p>9. AGE</p>	<p>10. PURPOSE OF FLOCK (check appropriate blocks)</p> <p>a. <input type="checkbox"/> PRODUCTION b. <input type="checkbox"/> REPRODUCTION c. <input type="checkbox"/> EGGS d. <input type="checkbox"/> MEAT</p> <p>e. <input type="checkbox"/> PRIMARY f. <input type="checkbox"/> MULTIPLIER g. <input type="checkbox"/> OTHER (specify)</p>			
<p>11 ESTIMATED EFFECTS OF THIS INSPECTION</p>		<p>a. MORTALITY</p>	<p>b. MORIDITY</p>			
<p>12. SUSPECTED SOURCE OF THIS INFECTION</p> <p>a. <input type="checkbox"/> PREMISES b. <input type="checkbox"/> NEARBY FLOCK</p> <p>c. <input type="checkbox"/> CONTAMINATED SUPPLIES</p> <p>d. <input type="checkbox"/> OTHER (specify)</p>		<p>13. KIND OF SPECIMENS COLLECTED FOR LAB EXAM</p>		<p>14. CORRECTIVE MEASURES APPLIED</p> <p>a. <input type="checkbox"/> QUARANTINE b. <input type="checkbox"/> DISCONTINUE AS HATCHERY FLOCK</p> <p>c. <input type="checkbox"/> CLEAN AND DISINFECT PREMISES d. <input type="checkbox"/> SLAUGHTER</p> <p>e. <input type="checkbox"/> CLEANUP BY RETESTING f. <input type="checkbox"/> FUMIGATE EGGS</p> <p>g. <input type="checkbox"/> MEDICATION h. <input type="checkbox"/> OTHER (specify)</p>		
<p>15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						

SECTION B • HATCHERY SOURCE OF FLOCK REPORTED IN SECTION A

<p>16. NAME & LOCATION OF HATCHERY (include ZIP code)</p>		<p>17. APPROVAL NUMBER</p>	<p>18. PREVIOUS ISOLATIONS OF SAME SEROTYPE IMPLICATING THIS HATCHERY</p> <p style="text-align: center;">NO. OF REPORTS</p>	
<p>19. INVESTIGATIVE PROCEDURES (indicate positive (+) or negative (-) results of each procedure used)</p>				
<p>A. SURVEY OF FLOCKS FROM</p> <p>a. <input type="checkbox"/> SAME OR PROXIMATE HATCHES</p> <p>b. <input type="checkbox"/> SAME PARENT FLOCK(s)</p>		<p>B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY</p> <p>a. <input type="checkbox"/> EGGS (incubator rejects) b. <input type="checkbox"/> INCUBATOR SWABS c. <input type="checkbox"/> AIR SAMPLE</p> <p>d. <input type="checkbox"/> FLUFF e. <input type="checkbox"/> BABY POULTRY f. <input type="checkbox"/> OTHER (specify)</p>		
<p>20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				

SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A

<p>21. NAME & ADDRESS OF OWNER OF PARENT FLOCK (include ZIP code)</p>		<p>22. LOCATION OF PARENT FLOCK</p>		<p>23. NO. BIRDS IN PARENT FLOCK</p>
<p>24. SOURCE OF PARENT FLOCK BY SEX</p>	<p>A. MALES (name and address of breeder)</p>		<p>B. FEMALES (name and address of breeder)</p>	
<p>25 CLASSIFICATION AND BASIS OF QUALIFICATION</p>	<p>A. U.S. PULLORUM-TYPHOID CLEAN</p> <p>a. <input type="checkbox"/> 100% TEST b. <input type="checkbox"/> SAMPLE TEST _____% TESTED</p> <p>c. <input type="checkbox"/> MONITORING PROGRAM (date of last exam)</p>		<p>B. U.S. TYPHIMURIUM CONTROLLED</p> <p>a. <input type="checkbox"/> PREMISES HISTORY</p> <p>b. <input type="checkbox"/> 100% TEST</p>	
<p>26. EXAMINATIONS FOR SUSPECTED SEROTYPE</p>	<p>A. SEROLOGICAL</p> <p>a. NO. BIRDS TESTED</p> <p>b. NO. REACTORS</p>		<p>B. BACTERIOLOGICAL (indicate positive (+) or negative (-) results)</p> <p>a. <input type="checkbox"/> REACTORS b. <input type="checkbox"/> CLOACAL SWABS c. <input type="checkbox"/> CULL BIRDS</p> <p>d. <input type="checkbox"/> FECES e. <input type="checkbox"/> LITTER f. <input type="checkbox"/> DUST</p>	
<p>27. SERIAL NUMBERS OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE</p>				

28. REMARKS

<p>29. INSPECTOR</p>	<p>30. STATE</p>	<p>31. DATE</p>
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