



I. Premises Information

Premises Identification Number: _____

Name of Premises: _____

Owner of Premises: _____

Address of Premises: _____

County of Premises: _____

Premises Owner Phone: _____

Premises Owner Email: _____

Premises Entrance Latitude: _____

Premises Entrance Longitude: _____

II. Owner Information

Owner of Animals: _____

Address of Animal Owner: _____

Animal Owner Phone: _____

Animal Owner Email: _____

III. Interview Contact Information

Name of person administering questionnaire: _____

Name of person answering questionnaire: _____

Phone: _____

Position (e.g., owner, manager, veterinarian, etc.): _____

Date of interview: _____

IV. Flock Information

Clinical signs (<i>brief</i> description)	
Baseline daily mortality rate: (insert rate from farm records)	
Daily mortality rate (# of dead birds/bird population on date of initial sampling)	
Date first clinical signs were noted	
Date initial samples were collected	
Laboratory to which initial samples were submitted	
Results of any AI tests in past 21 days	
Date premises quarantine or hold order was issued	

House ID	Type of Birds	Number of Birds	Age of Birds	House Dimensions	Ceiling Height	Ventilation Type	Date of Onset of Clinical Signs

Do you have a veterinarian who regularly advises you on disease prevention?

Yes No

If yes, name of veterinarian: _____

Do you have a pre-arranged depopulation plan for this flock? Yes No

If yes, briefly describe the pre-arranged depopulation method: _____

Have you exercised or used this method previously? Yes No

V. Trace-in and Trace-Out Questionnaire

Name of person administering questionnaire: _____

Name of person answering questionnaire: _____

Phone: _____

Position (e.g., owner, manager, veterinarian, etc.): _____

1. How are dead birds (daily mortality) disposed of on this farm (please circle one or more)? Also specify if disposal occurs on or off this premises.

- a. Composting
- b. Burial
- c. Incineration
- d. Rendering
- e. Landfill

Other (specify): _____

If disposal occurs at another premises:

Name and Location (company name)	Transported by

2. List any locations that **accept manure/litter** from this premises during the last 21 days.

Name and location (company name)	Date (mm/dd/yy)	Intended use

Name and location (company name)	Date (mm/dd/yy)	Intended use

3. Was manure or animal material from another premises brought **onto** this premises during the last 21 days?

Yes No If yes:

Product	Source	Date (mm/dd/yy)

4. Have you or any of your employees (including any contractors or volunteers) visited any other premises with poultry or any processors of eggs or poultry products during the last 21 days (e.g., farm, slaughter, processing, market, residence with poultry)?

Yes No If yes:

Premises/processor name	Person/title	Date (mm/dd/yy)

5. Is there a community living situation where farm workers from this premises interact with workers from other poultry facilities?

Yes No

If Yes, describe: _____

6. Did any crews (e.g., catch crews, load-out, vaccination, insemination) enter the premises during the last 21 days?

Yes No If yes:

Date (mm/dd/yy)	Crew type	Name/company

Date (mm/dd/yy)	Crew type	Name/company

7. Did any of the following visit the premises during the last 21 days?
If Yes, give date and name or company information.

Visitor type	Date(s) of visit	Name/company
a. Federal/State veterinary or animal health worker		
b. Extension agent or university veterinarian		
c. Private or company veterinarian		
d. Company service person		
e. Nutritionist or feed company consultant		
f. Inspector (e.g., FDA, NOP, biosecurity auditor, etc.)		
g. Feed delivery		
h. Egg truck		
i. Litter/bedding delivery		
j. Litter removal		
k. Renderer/dead bird pick up		
l. Pest/rodent control		
m. Manure truck		
n. Trash pick up		
o. Occasional worker (e.g., family member, part-time help over holiday)		
p. Wholesaler, buyer, or dealer		
q. Customer/consumer (private individual)		
r. Other		

8. Specify if any equipment was shared with another premises during the last 21 days, whether you received or loaned the equipment, and the location and name of the companies or premises the equipment was shared with:

Vehicle	Received/loaned	Specify (name, company, location)
ATV/4-wheeler	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Tractor	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Gates/panels	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Skid-steer loaders	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Egg flats	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Egg racks	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Pallets	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Dead bird containers	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Manure/litter handling equipment	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Pressure sprayers/washers/foamers	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Other cleaning equipment	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Vaccination equipment	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Bird catching equipment	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Live haul loader	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	
Other (specify: _____)	<input type="checkbox"/> Rec'd <input type="checkbox"/> Loaned	

9. Were any birds introduced onto the premises during the last 21 days?

Yes No If yes:

Date (mm/dd/yy)	Bird type (e.g., chicks, poults, spiking roosters, layers, breeders, etc.)	Source	Transported by

10. Have any birds moved off the premises during the last 21 days?

Yes No If yes:

Date (mm/dd/yy)	Bird type (e.g., chicks, poults, spiking roosters, layers, breeders, etc.)	Destination	Transported by

11. Were any birds moved within the premises during the last 21 days? (e.g., from one barn to another on the same premises)

Yes No

If Yes,

a. Was a contract crew used?

Yes No

If Yes, specify company/crew name: _____

b. Was farm specific equipment used?

Yes No

If No, describe: _____

12. Were any eggs moved onto the premises during the last 21 days?

Yes No

If Yes,

a. List source (name and location) for eggs **coming onto** this premises during the last 21 days, the dates eggs were received, and whether the eggs were intended for hatching, or were processed or unprocessed from source.

Source name and location (company name)	Date (mm/dd/yy)	Intended for hatching?	Processed?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Source name and location (company name)	Date (mm/dd/yy)	Intended for hatching?	Processed?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Method of processing: _____

13. Were any eggs moved off the premises during the last 21 days?

Yes No

If Yes,

- a. List source (name and location) for eggs **moving off** this premises during the last 21 days, the dates eggs left, and whether the eggs were intended for hatching, or were processed or unprocessed from source.

Source name and location (company name)	Date (mm/dd/yy)	Intended for hatching?	Processed?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Method of processing: _____

14. Is there any additional or important information that we need to know at this time regarding the disease on your farm?

Yes No

If Yes, describe: _____

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