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**OMB APPROVED**  
0579-0007  
EXP: 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  
 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  
 OTHER (specify)

3. DAYS OF WEEK ON WHICH CHICKS ARE HATCHED

- MONDAY     THURSDAY     SUNDAY  
 TUESDAY     FRIDAY  
 WEDNESDAY     SATURDAY

4. INCUBATORS

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

5. COMPLIANCE

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

6. BREEDING STOCK FOR SUPPLY FLOCK REPLACEMENT

A. NAME AND 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
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