

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0007. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0007
EXP: 02/2022

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

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
THE NATIONAL POULTRY IMPROVEMENT PLAN**

**INVESTIGATION OF SALMONELLA
ISOLATIONS IN POULTRY**

1. ISOLATION REPORTED a. <input type="checkbox"/> PULLORUM b. <input type="checkbox"/> TYPHOID c. <input type="checkbox"/> TYPHIMURIUM d. <input type="checkbox"/> ARIZONA e. <input type="checkbox"/> OTHER (specify)	2. VS FORM 9-6 SERIAL NO.
3. SPECIMEN SUBMITTED a. <input type="checkbox"/> CHICKEN b. <input type="checkbox"/> TURKEY c. <input type="checkbox"/> 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 e. <input type="checkbox"/> PRIMARY f. <input type="checkbox"/> MULTIPLIER g. <input type="checkbox"/> OTHER (specify)		
11 ESTIMATED EFFECTS OF THIS INSPECTION	a. MORTALITY	b. MORIDITY			
12. SUSPECTED SOURCE OF THIS INFECTION a. <input type="checkbox"/> PREMISES b. <input type="checkbox"/> NEARBY FLOCK c. <input type="checkbox"/> CONTAMINATED SUPPLIES d. <input type="checkbox"/> OTHER (specify)		13. KIND OF SPECIMENS COLLECTED FOR LAB EXAM		14. CORRECTIVE MEASURES APPLIED a. <input type="checkbox"/> QUARANTINE b. <input type="checkbox"/> DISCONTINUE AS HATCHERY FLOCK c. <input type="checkbox"/> CLEAN AND DISINFECT PREMISES d. <input type="checkbox"/> SLAUGHTER e. <input type="checkbox"/> CLEANUP BY RETESTING f. <input type="checkbox"/> FUMIGATE EGGS g. <input type="checkbox"/> MEDICATION h. <input type="checkbox"/> OTHER (specify)	
15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD <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 a. <input type="checkbox"/> SAME OR PROXIMATE HATCHES b. <input type="checkbox"/> SAME PARENT FLOCK(s)		B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY a. <input type="checkbox"/> EGGS (incubator rejects) 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 and address of breeder)		B. FEMALES (name and address of breeder)	
25 CLASSIFICATION AND BASIS OF QUALIFICATION	A. U.S. PULLORUM-TYPHOID CLEAN a. <input type="checkbox"/> 100% TEST b. <input type="checkbox"/> SAMPLE TEST _____% TESTED c. <input type="checkbox"/> MONITORING PROGRAM (date of last exam)		B. U.S. TYPHIMURIUM CONTROLLED a. <input type="checkbox"/> PREMISES HISTORY b. <input type="checkbox"/> 100% TEST	
26. EXAMINATIONS FOR SUSPECTED SEROTYPE	A. SEROLOGICAL a. NO. BIRDS TESTED b. NO. REACTORS		B. BACTERIOLOGICAL (indicate positive (+) or negative (-) results) a. <input type="checkbox"/> REACTORS b. <input type="checkbox"/> CLOACAL SWABS c. <input type="checkbox"/> CULL BIRDS d. <input type="checkbox"/> FECES e. <input type="checkbox"/> LITTER f. <input type="checkbox"/> DUST	
27. SERIAL NUMBERS 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
---------------	-----------	----------