Clear Form

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.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANTHEALTH INSPECTION SERVICE
THE NATIONAL POULTRY IMPROVEMENT PLAN

INVESTIGATION OF SALMONELLA ISOLATIONS IN POULTRY

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. ☐ PRODUCTION b. ☐ REPRODUCTION c. ☐ EGGS d. ☐ MEAT
e. ☐ PRIMARY f. ☐ MULTIPLIER g. ☐ OTHER *(specify)*

11 ESTIMATED EFFECTS OF THIS INSPECTION
a. MORTALITY b. MORIDITY

12. SUSPECTED SOURCE OF THIS INFECTION
a. ☐ PREMISES b. ☐ NEARBY FLOCK
c. ☐ CONTAMINATED SUPPLIES
d. ☐ OTHER *(specify)*

13. KIND OF SPECIMENS COLLECTED FOR LAB EXAM

14. CORRECTIVE MEASURES APPLIED
a. ☐ QUARANTINE b. ☐ DISCONTINUE AS HATCHERY FLOCK
c. ☐ CLEAN AND DISINFECT PREMISES d. ☐ SLAUGHTER
e. ☐ CLEANUP BY RETESTING f. ☐ FUMIGATE EGGS
g. ☐ MEDICATION h. ☐ OTHER *(specify)*

15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD ☐ YES ☐ 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. ☐ SAME OR PROXIMATE HATCHES
b. ☐ SAME PARENT FLOCK(s)

B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY
a. ☐ EGGS *(incubator rejects)* b. ☐ INCUBATOR SWABS c. ☐ AIR SAMPLE
d. ☐ FLUFF e. ☐ BABY POULTRY f. ☐ OTHER *(specify)*

20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION? ☐ YES ☐ 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. ☐ 100% TEST b. ☐ SAMPLE TEST _____% TESTED
c. ☐ MONITORING PROGRAM *(date of last exam)*

B. U.S. TYPHIMURIUM CONTROLLED
a. ☐ PREMISES HISTORY
b. ☐ 100% TEST

26. EXAMINATIONS FOR SUSPECTED SEROTYPE

A. SEROLOGICAL
a. NO. BIRDS TESTED
b. NO. REACTORS

B. BACTERIOLOGICAL *(indicate positive (+) or negative (-) results)*
a. ☐ REACTORS b. ☐ CLOACAL SWABS c. ☐ CULL BIRDS
d. ☐ FECES e. ☐ LITTER f. ☐ 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