|  |  |
| --- | --- |
| **Surveillance (SSC)** | **JOB REQUEST FORM** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69769 |
|  |  | | | | |
| **Visit Type(s):** | Telephone Enquiry  Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  | | |
| **Allocated to:** |  | |

Customer/Premises Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **CPH:** | 91/755/9002 | **Main Address:** | 9 Aird  Point  ISLE OF LEWIS  Western Isles  Scotland  HS2 0EU |
| **Location:** | 9 Aird  9 Aird, Point, ISLE OF LEWIS, Western Isles, Scotland, HS2 0EU |
| **Contact Name:** | Helen Froud |
| **Contact Tel:** |  |
| **Map Reference:** | NB5597135772 | **Mobile Tel:** | 07738225273 |

**Additional Map References:**

|  |  |
| --- | --- |
| **Reference** | **Description** |

**Infected Areas:**

|  |  |  |
| --- | --- | --- |
| **Reference** | **Infected Premises** | **Zone Name** |
| AIV/2023/53 | 17 Sheshader, Point, ISLE OF LEWIS, HS2 0EW | ESZ\_10K\_DPR2023\_138\_Sheshader |
| AIV/2023/53 | 17 Sheshader, Point, ISLE OF LEWIS, HS2 0EW | PZ\_3K\_DPR2023\_138\_Sheshader |
| AIV/2023/53 | 17 Sheshader, Point, ISLE OF LEWIS, HS2 0EW | SZ\_10K\_DPR2023\_138\_Sheshader |

AIV2023/53 PZ Telephone Stock Enquiry **Last Visit details for Premises/Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Visit Date:** | 25/08/2023 14:00:00 |  | **Job Number:** | AIV68387 | | |
| **Allocated to:** | Ninel Oncica |  |  |  |  |  |
| **Visit Type(s):** | Visit Enhanced Surveillance, Visit Surveillance, Visit Zone Clearance |
| **Visit Status:** | Completed |
| **Comments:** | Enhanced surveillance visit completed. Commercial premises, indicators and no indicators mixed so no sampling required. EXD644 reviewed by Ana Perez on 28/08/2023. All surveillance requirements have been met as per latest EA2023/09/VTOT. | | | | | |

Stock Counts at Last Visit

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |
| Chicken | Backyard Flock | 25 |
| Goose | Not Required | 2 |
| Turkey | Not Required | 13 |

Restrictions/Notices/Licences

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issue Date** | **Disease** | **Form** | **Issue Reason** | **Date Lifted** |

Debrief

**1. Forms completed**

|  |  |
| --- | --- |
| **Form** | **Comment** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**2. Facilities**

N

Y

**Are the animal handling facilities adequate for stock examination / sampling?**

|  |
| --- |
| **Additional Information:** |

**3. Record Detail Amendments**

|  |
| --- |
| eg Contact, location, unit detail changes |

**4. Additional Action [Post Debrief Instructions]**

|  |
| --- |
|  |

**5. Audit Actions**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Field Visit Quality Assurance Audit** | **Field Visit H&S Audit** | **Electronic Record Audit** |
| **Date** |  |  |  |
| **Name** |  |  |  |

**6. Data Entry/Records Management**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Entered on NDOMS** | **Sam Amendments Actioned** | **Docs Scanned & Distributed** |
| **Date** |  |  |  |
| **Name** |  |  |  |