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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69767 |
| **Visit Type(s):** | Telephone Enquiry Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  |  | | **Allocated to:** | |  |

**Customer/Premises Detail**

**CPH:** 91/755/0068 **Main Address:** 15 Portvoller

**Location:** 15 Portvoller

15 Portvoller, Point, ISLE OF LEWIS, Western Isles, Scotland, HS2 8HA

Point

ISLE OF LEWIS

Western Isles Scotland HS2 0HA

**Contact Name:** Catherine Fish

**Contact Tel:** 01851871262

**Map Reference:** NB5630036600 **Mobile Tel:**

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:** | 26/08/2023 09:00:00 | **Job Number:** | AIV68409 |
| **Allocated to:** | Ninel Oncica |  |  |
| **Visit Type(s):** | Visit Enhanced Surveillance, Visit Surveillance, Visit Zone Clearance |  |  |
| **Visit Status:** | Completed |  |  |
| **Comments:** | Enhanced surveillance visit for premises carried out. JRF bird number discrepancy due to human error. Bird number updated in Master list. Commercial premises, indicator species only. EXD644 reviewed by OSV Lucy Nielsen on 30/08/2023. All surveillance requirements have been met as per latest EA2023/09/VTOT. | | |

**Stock Counts at Last Visit**

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |
| Chicken | Egg Laying | 2 |

**Restrictions/Notices/Licences**

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

**Debrief**

1. **Forms completed**

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

1. **Facilities**

N

Y

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

Additional Information:

1. **Record Detail Amendments**

eg Contact, location, unit detail changes

1. **Additional Action [Post Debrief Instructions]**
2. **Audit Actions**

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

1. **Data Entry/Records Management**

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