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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69768 |
| **Visit Type(s):** | Telephone Enquiry Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  |  | | **Allocated to:** | |  |

**Customer/Premises Detail**

**CPH:** 91/755/0069 **Main Address:** The Corner House Portvoller

**Location:** 16a Portvoller

ISLE OF LEWIS, Western Isles, Scotland

ISLE OF LEWIS

Western Isles Scotland HS2 0HA

**Contact Name:** Iain MacLeod

**Contact Tel:** 01851870903

**Map Reference:** NB5610036500 **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:** | 15/08/2023 | **Job Number:** | AIV68185 |
| **Allocated to:** | Gerry Russell | |  |
| **Visit Type(s):** | Visit Stock Enquiry, Visit Surveillance | |  |
| **Visit Status:** | Completed | |  |
| **Comments:** | Premises in SZ, no stock, no plans to repopulate. NFA | |  |

**Stock Counts at Last Visit**

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |
| Chicken | Egg Laying | 1 |

**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** |  |  |  |