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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69770 |
| **Visit Type(s):** | Telephone Enquiry Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  |  | | **Allocated to:** | |  |

**Customer/Premises Detail**

**CPH:** 91/755/8610 **Main Address:** 2 Newlands

**Location:** 2 Newlands

2 Newlands, Shulishader, ISLE OF LEWIS, Western Isles, Scotland, HS2 0PT

Shulishader ISLE OF LEWIS

Western Isles Scotland HS2 0PT

**Contact Name:** Lorna Dodd

Contact Tel:

**Map Reference:** NB5353134979 **Mobile Tel:** 07900933365

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:** | 08/09/2023 15:00:00 | **Job Number:** | AIV68601 |
| **Allocated to:** | Elizabeth Billimore |  |  |
| **Visit Type(s):** | Visit Enhanced Surveillance, Visit Surveillance, Visit Zone Clearance |  |  |
| **Visit Status:** | Completed |  |  |
| **Comments:** | AIV68601: Non-commercial premises within the SZ of AIV2023/38 selected for the purposes of Enhanced Surveillance. EXD644 reviewed by Fabricio Carlotta OSV on 09/09/2023. All Enhanced Surveillance requirements have been met as per EA2023/09/VTOT | | |

**Stock Counts at Last Visit**

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |
| Birds of Prey | Not Required | 6 |

**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** |  |  |  |