|  |  |
| --- | --- |
| **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  Point  ISLE OF LEWIS  Western Isles  Scotland  HS2 0HA |
| **Location:** | 15 Portvoller  15 Portvoller, Point, ISLE OF LEWIS, Western Isles, Scotland, HS2 8HA |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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** |  |  |  |

|  |  |
| --- | --- |
| **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  ISLE OF LEWIS  Western Isles  Scotland  HS2 0HA |
| **Location:** | 16a Portvoller  ISLE OF LEWIS, Western Isles, Scotland |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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** |  |  |  |

|  |  |
| --- | --- |
| **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  Shulishader  ISLE OF LEWIS  Western Isles  Scotland  HS2 0PT |
| **Location:** | 2 Newlands  2 Newlands, 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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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** |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69771 |
|  |  | | | | |
| **Visit Type(s):** | Telephone Enquiry  Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  | | |
| **Allocated to:** |  | |

Customer/Premises Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **CPH:** | 91/755/8611 | **Main Address:** | 3 Newlands  Shulishader  ISLE OF LEWIS  Western Isles  Scotland  HS2 0PT |
| **Location:** | 3 Newlands  3 Newlands, Shulishader, ISLE OF LEWIS, Western Isles, Scotland, HS2 0PT |
| **Contact Name:** | Claire Wigfield |
| **Contact Tel:** |  |
| **Map Reference:** | NB5340034816 | **Mobile Tel:** | 07771736585 |

**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:** | 22/08/2023 15:46:00 |  | **Job Number:** | AIV68525 | | |
| **Allocated to:** | Ian Gill |  |  |  |  |  |
| **Visit Type(s):** | Clinical Inspection / Examination, Visit Stock Enquiry, Visit Surveillance |
| **Visit Status:** | Completed |
| **Comments:** | Premises reassessed as non-commercial. No risk factors identified.Keeper's name and phone number added. Stock number updated to 22 chickens and 21 ducks (lack of informationgathered during initial foot patrol). Debriefed by Veronika Jipan, SVI, 09:06 on 23/08/2023Surveillance visit for non-commercial premises within the PZ carried out. JRF bird number discrepancy due to human error. EXD644 reviewed by OSV Lucy Nielsen on 23/08/2023. All surveillance requirements have been met as per latest EA2023/11/VTOT. Bird numbers updated in Master List. | | | | | |

Stock Counts at Last Visit

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |
| Chicken | Backyard Flock | 22 |
| Duck | Not Required | 21 |

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** |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Raised:** | 28/09/2023 | **Date Visit Due:** | 01/10/2023 | **Job Number:** | AIV69772 |
|  |  | | | | |
| **Visit Type(s):** | Telephone Enquiry  Visit Stock Enquiry | |  | **Disease:** | Avian Influenza |
|  | | |
| **Allocated to:** |  | |

Customer/Premises Detail

|  |  |  |  |
| --- | --- | --- | --- |
| **CPH:** | 91/755/8636 | **Main Address:** | 33  Flesherin  ISLE OF LEWIS  Western Isles  Scotland  HS2 0HE |
| **Location:** | 33 Flesherin  33, Flesherin, ISLE OF LEWIS, Western Isles, Scotland, HS2 0HE |
| **Contact Name:** | Angie & Wayne Yearwood |
| **Contact Tel:** | 01851870384 |
| **Map Reference:** | NB5536936657 | **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

Stock Counts at Last Visit

|  |  |  |
| --- | --- | --- |
| **Stock Description** | **Category** | **Count** |

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** |  |  |  |

|  |  |
| --- | --- |
| **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** |  |  |  |