a. PREMISES b. NEARBY FLOCK C. CONTAMINATED SUPPLIES d. OTHER (Specify) 15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD SPECIMENS COLLECTED FOR LAB. EXAM SPECIMENS COLLECTED FOR LAB. EXAM C. CLEAN AND DISINFECT PREMISES d. SLAUGHTER e. CLEANUP BY RETESTING f. FUMIGATE EGGS G. MEDICATION h. OTHER (Specify) SECTION B - HATCHERY SOURCE OF FLOCK REPORTED IN SECTION A	This report is required by Regul	lations (9 CFR 1	145). Failure to re	eport will hinder nationwi	de review an	review and analysis of disease investigations.			STATEMENT ON REVERSE NO. 0579-0007	
SECTION A - FLOCK FROM WHICH INTEGRAL	ANIMAL AND PLANT HEALTH INSPECTION SERVICE THE NATIONAL POULTRY IMPROVEMENT PLAN INVESTIGATION OF SALMONELLA ISOLATIONS IN POULTRY INSTRUCTIONS: Read instructions on reverse before completing this					a. PULLORUM b. TYPHOID SERIAL NO. c. TYPHIMURIUM d. ARIZONA				
5. NAME & ADDRESS OF OWNER (Include sip code) 6. LOCATION OF FLOCK 10. PURPOSE OF FLOCK (Check appropriate blocks) a. PRODUCTION b. REPRODUCTION c. EGGS d. MEAT in. ESTRAIN OR TRADE NAME a. NO. BIRDS 9. AGE 11. ESTRAIN OR TRADE NAME a. NO. BIRDS 9. AGE 11. ESTRAIN OR TRADE NAME a. NO. BIRDS 9. AGE 12. SUSPECTED SOURCE OF THIS IN-ECTION 13. KIND OF COLLECTED FOR LANGE OF THIS IN-ECTION 14. CORRECTIVE MEASURES APPLIED 12. SUSPECTED SOURCE OF THIS IN-ECTION 13. KIND OF COLLECTED FOR LANGE OF THIS IN-ECTION 14. CORRECTIVE MEASURES APPLIED 13. MEASURES b. MEARRY FLOCK C. CONTAMNATED SUPPLIES C. CLEAN AND DISINFECT PREMISES d. SLAUGHTER C. CLEAN AND DISINFECT PREMISES d. CLEAN AND DISINFECT PREMISES d.						a. CHICKEN b. TURKEY SUBMITTED				
7. BREED, STRAIN OR TRADE NAME 8. NO. BIRDS 9. AGE 10. PURPOSE OF FLOCK (Check appropriate blocks) a. PRODUCTION REPRODUCTION GEGGS GEGGS MEAT INSPECTION 11. INSPECTION 12. SUPPLETED SECTION			SECTION	A - FLOCK FROM WI	HICH INFE	CTED SPEC	MENS WERE SUBMI	TTED		
11. ESTIMATED EFFECTS OF THIS INSPECTION 12. SUSPECTED SOURCE OF THIS INFECTION 13. IND OF SPECIMENS 12. SUSPECTED SOURCE OF THIS INFECTION 14. CORRECTIVE MEASURES APPLIED 15. MEARBY FLOCK 16. CONTAMINATED SUPPLIES 16. OTHER (Specify) 16. MEASURES CHECKED INTEM 14 ADEQUATE TO PREVENT SPREAD 17. APPROVAL 18. INVESTIGATIVE PROCEDURES. (Indicate positive (*) or negative (*) results of each procedure used.) 19. INVESTIGATIVE PROCEDURES. (Indicate positive (*) or negative (*) results of each procedure used.) 10. A SURVEY OF FLOCKS FROM 1 SAME OR PROXIMATE HATCHES 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (harbery) INFECTION 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK 22. LOCATION OF PARENT FLOCK 23. SOURCE OF PARENT FLOCK 24. SOURCE OF PARENT FLOCK 25. SOURCE OF PARENT FLOCK 26. OLEAN AND DISINEET IN SECTION A 16. NAME & ADDRESS OF OWNER OF PARENT FLOCK 27. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (harbery) INFECTION 28. SOURCE OF PARENT FLOCK 29. SOURCE OF PARENT FLOCK 29. SOURCE OF PARENT FLOCK 20. A MALES (Name & address of breeder) 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (harbery) INFECTION 29. SOURCE OF PARENT FLOCK 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (harbery) INFECTION 29. SOURCE OF PARENT FLOCK 20. OLORAL (include pip code) 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (harbery) INFECTION 29. SOURCE OF PARENT FLOCK 20. SOURCE OF PARENT FLOCK 21. ON ONTORING PROGRAM (Date of last exam) 20. OLOCAL SYMBES 20. DESCRIPTION 20. DESCRIP	5. NAME & ADDRESS OF	OWNER (Inc	clude zip code)		6. LOCA	ATION OF FL	OCK			
12. SUSPECTED SOURCE OF THIS INFECTION 13. KND OF SPECIMENS 14. CORRECTIVE MEASURES APPLIED 26. CONTAMINATED SUPPLIES 27. CLEAN MAD DISINFECT PREMISES 28. CLEAN AND DISINFECT PREMISES 29. CLEAN AND										
SPECIMON SPE		S OF THIS	a. MORTALI	IY B. MORIDITY	е.	e. PRIMARY f. MULTIPLIER g. OTHER (Specify)				
SECTION B - HATCHERY SOURCE OF FLOCK REPORTED IN SECTION A 16. NAME & LOCATION OF HATCHERY (Include zip code) 17. APPROVAL NUMBER 18. INVESTIGATIVE PROCEDURES. (Indicate positive (+) or negative (-) results of each procedure used.) A. SURVEY OF FLOCKS FROM 29. SAME OR PROXIMATE HATCHES 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (Includator rejects) 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (Includator rejects) 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK 22. LOCATION OF PARENT FLOCK 23. NO. BIRDS IN PARENT FLOCK 24. SOURCE OF PARENT FLOCK 25. CLASSIFICATION AND BASIS OF QUALIFICATION C	a. PREMISES b. NEARBY FLOCK c. CONTAMINATED SUPPLIES d. OTHER (Specify)					a. QUARANTINE b. DISCONTINUE AS HATCHERY FLOCK c. CLEAN AND DISINFECT PREMISES d. SLAUGHTER e. CLEANUP BY RETESTING f. FUMIGATE EGGS g. MEDICATION				
16. NAME & LOCATION OF HATCHERY (Include zip code) 17. APPROVAL NUMBER 18. PREVIOUS ISOLATIONS OF SAME SEROTYPE IMPLICATING THIS HATCHERY 19. INVESTIGATIVE PROCEDURES. (Indicate positive (+) or negative (-) results of each procedure used.) A. SURVEY OF FLOCKS FROM SAME OR PROXIMATE HATCHES SAME OR PROXIMATE HATCHES SAME PARENT FLOCK (s) B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY SAME PARENT FLOCK (s) D. INCUBATOR SWABS C. AIR SAMPLE SAME PARENT FLOCK (s) D. INCUBATOR SWABS C. AIR SAMPLE D. OTHER (Specify) 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK (Include zip code) A. MALES (Name & address of breeder) B. FEMALES (Name & address of breeder) B. U.S. TYPHIMURIUM CONTROLLED A. MONITORING PROGRAM (Date of last exam) 26. EXAMINATIONS FOR SUSPECTED SEROTYPE A. SECOLOGICAL A. NO. BIRDS TESTED B. B. B. B. B. B. B. B. SECOLOGICAL (Indicate positive (-) or negative (-) results) C. MONITORING PROGRAM (Date of last exam) B. B. B. B. B. B. B. SECOLOGICAL (Indicate positive (-) or negative (-) results) C. CLOACAL SWABS C. CLUB BIRDS C. SEROTYPE 27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 28. REMARKS	ADEQUATE TO PREV	ENT SPREA	D YES	NO NO	n	OTHER (SE	еспуј			
A. SURVEY OF FLOCKS FROM SAME OR PROXIMATE HATCHES EGGS (Incubator rejects) SAME OR PROXIMATE HATCHES EGGS (Incubator rejects) SAME PARENT FLOCK (s) SAME PARENT FLOCK (s) SAME PARENT FLOCK (s) SAME PARENT FLOCK (s) SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION YES NO SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK (Include zip code) SAME PARENT FLOCK S						17. APPROVAL NUMBER 18. PREVIOUS ISOLATIONS OF SAME SEROTYPE IMPLICATING THIS HATCHERY				
a GEGS (Incubator rejects) b. INCUBATOR SWABS c. AIR SAMPLE c. BABY POULTRY f. OTHER (Specify) 20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION YES NO SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK (Include zip code) A. MALES (Name & address of breeder) PARENT FLOCK BY SEX 25. CLASSIFICATION AND BASIS OF QUALIFICATION AND BASIS OF QUALIFICATION C. MONITORING PROGRAM (Date of last exam) B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results) FOR SUSPECTED SEROTYPE B. NO. TYPHIMURIUM CONTROLLED a. NO. BIRDS TESTED b. NO. REACTORS B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results) a. NO. BIRDS TESTED b. NO. REACTORS C. DATATE DUST 27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 28. REMARKS		19. INVE	STIGATIVE PR	ROCEDURES. (Indic	ate positiv	re (+) or nega	ative (-) results of eac	h procedure used.)		
20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (hatchery) INFECTION YES NO SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK 22. LOCATION OF PARENT FLOCK 23. NO. BIRDS IN PARENT FLOCK (Include zip code)	³ SAME OR PROXIMATE HATCHES a EGG					GS (Incubator rejects) b INCUBATOR SWABS c AIR SAMPLE				
SECTION C - PARENT FLOCK OF FLOCK REPORTED IN SECTION A 21. NAME & ADDRESS OF OWNER OF PARENT FLOCK 22. LOCATION OF PARENT FLOCK 23. NO. BIRDS IN PARENT FLOCK 24. SOURCE OF PARENT FLOCK 25. CLASSIFICATION AND BASIS OF QUALIFICATION 26. EXAMINATIONS FOR SUSPECTED 26. EXAMINATIONS FOR SUSPECTED 26. EXAMINATIONS FOR SUSPECTED 26. EXAMINATIONS FOR SUSPECTED 26. D. NO. BIRDS TESTED 27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 24. DATE		75 134	TO ELIMINA	TE PREMISES (hatcl	hery) INFE	CTION	YES	NO		
24. SOURCE OF PARENT FLOCK BY SEX A. MALES (Name & address of breeder) B. FEMALES (Name & address of breeder) B. U.S. TYPHIMURIUM CONTROLLED a. PREMISES HISTORY b. 100% TEST c. MONITORING PROGRAM (Date of last exam) B. U.S. TYPHIMURIUM CONTROLLED a. PREMISES HISTORY b. 100% TEST b. 100% TEST C. MONITORING PROGRAM (Date of last exam) B. BACTERIOLOGICAL (Indicate positive (+) or negative (-) results) a. REACTORS b. CLOACAL SWABS c. CULL BIRDS SEROTYPE D. NO. REACTORS D. NO. REACTORS D. NO. REACTORS D. NO. REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 28. REMARKS							ORTED IN SECTION A	A		
PARENT FLOCK BY SEX 25. CLASSIFICATION AND BASIS OF QUALIFICATION C. MONITORING PROGRAM (Date of last exam) 26. EXAMINATIONS FOR SUSPECTED SEROTYPE A. SEROLOGICAL a. NO. BIRDS TESTED b. NO. REACTORS D. NO. REACTORS C. CULL BIRDS C. CULL BI		F OWNER O	F PARENT FLO	ОСК	22.	LOCATION	OF PARENT FLOCK			
AND BASIS OF QUALIFICATION a. 100% TEST b. SAMPLE TEST % TESTED b. 100% TEST c. MONITORING PROGRAM (Date of last exam) b. 100% TEST 26. EXAMINATIONS FOR SUSPECTED SEROTYPE b. NO. REACTORS d. REACTORS b. CLOACAL SWABS c. CULL BIRDS 27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 28. REMARKS	PARENT FLOCK	T FLOCK								
FOR SUSPECTED SEROTYPE a. NO. BIRDS TESTED b. NO. REACTORS b. NO. REACTORS c. CULL BIRDS d. FECES e. LITTER f. DUST 27. SERIAL NOS. OF VS FORM 9-6 REPORTS OF POSITIVES SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPE 28. REMARKS	AND BASIS OF	а. [] 100% TEST	b. SAMPLE TE	NAMES OF TAXABLE			a. PREMISES	HISTORY	
28. REMARKS	FOR SUSPECTED SEROTYPE	BIRDS TESTE		a. d.	REACT	ORS b. CLOAC	AL SWABS c	CULL BIRDS		
Too orange	ZI. SERIAL NOS. OF VS	LOVIN 3-0 KF	LPORTS OF P	CONTIVES SHOWN II	TI CIVI ZOI	Z ZATO TOOLE				
29. INSPECTOR 30. STATE 31. DATE	28. REMARKS									
	29. INSPECTOR				30.	STATE			31. DATE	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0007. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.