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| Department for Environment, Food and Rural Affairs  Scottish Government  Welsh Government |  |
| **Application for Approval or Re-inspection as a Poultry Compartment Free from Avian Influenza and Newcastle Disease** | |

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| Tick as appropriate | | | | |  | | | |
| Initial approval | |  | Re-inspection |  | New sites to add to existing compartment | |  | |
| Send completed form and additional documentation to: Animal and Plant Health Agency, Centre for International Trade Carlisle, Compartments Team, Eden Bridge House, Lowther Street, Carlisle, CA3 8DX or, if application is in electronic form, to email address: **compartments@apha.gov.uk** | | | | | | | | |
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| **SECTION A - to be completed by applicant** | | | | | | | | |
| 1. | Name and address of company: | | | | Postcode | | | |
|  |  | | | |  | | | |
|  | Telephone number (including national dialling code): | | | |  | | | |
|  |  | | | |  | | | |
|  | Email address: | | | |  | | | |
|  |  | | | |  | | | |
| 2. | Name of company representative making the application: | | | |  | | | |
|  |  | | | |  | | | |
| 3. | Job title of the company representative: | | | |  | | | |
|  |  | | | |  | | | |
| 4. | Name of proposed compartment manager (if different from person named in Q.2.): | | | |  | | | |
|  | | | | | | | | |
| 5. | Number of premises for which approval/re-inspection as a poultry compartment free from Avian Influenza and Newcastle Disease\* is required (complete **Appendix C** for each premises): | | | | |  | | |
| 6. | Type of compartment: | | | | (tick appropriate box) | | | |
|  | * each individual premises to be a separate compartment | | | | | | |  |
|  | * all premises to form a single collective compartment | | | | | | |  |
| 7. | (This question applies only to an application for a first inspection at any premises. Do not complete this question where your application is for re-inspection) | | | | | | | |
|  | Confirm that you have had the following in place for the past six months by ticking each box: | | | | | | | |
|  | * physical bird proofing system, adequate to prevent contact with wild birds or contamination of feed, water and litter | | | | | | |  |
|  | * an organogram linking each premises in the proposed compartment and showing movements of commodities in, out, and between premises | | | | | | |  |
|  | * an identification and traceability system for all birds or eggs moved into the compartment, or between premises with the compartment | | | | | | |  |
|  | * a written protocol regulating the addition or removal of birds, and disinfection of catching crates | | | | | | |  |
|  | * only one species of poultry (and no other captive birds) on any of the proposed compartment premises | | | | | | |  |
|  | * serological surveillance for avian influenza (20 birds per production unit) at each farm premises in this application, consisting of the following as a minimum: | | | | | | |  |
|  | * + at least three tests at regular intervals over the past six months, of which at least one test of least 20 birds per production unit at each premises was tested at an APHA laboratory with negative results | | | | | | |  |
|  | * + the remaining two tests were tested at either an APHA laboratory or another laboratory with ISO 17025 accreditation with negative results | | | | | | |  |
|  | * + for the most recent of these three tests the samples were collected no more than 28 days prior to the date of this application | | | | | | |  |
|  | * a written instruction to staff for monitoring production and mortality levels, and other clinical indicators of morbidity, including action to be taken and personnel to be notified if the indicators exceed expected limits | | | | | | |  |
| 8. | Company documents attached (tick boxes to indicate inclusion): | | | | | | |  |
|  | (For the first two items a single copy will cover all the premises included in this application) | | | | | | |  |
|  | * organogram/diagram of the entire compartment and its functions, indicating the major inputs and outputs. * showing elite, GGP, GP etc flocks, hatcheries, rearing sites, laying sites, trial sites, egg stores, suppliers of feed, bedding materials etc, * indicating personnel and product flows within the disease secure package * outlining how staff and products will move between farms and hatcheries within the compartment. | | | | | | |  |
|  | * company’s general biosecurity plan | | | | | | |  |
|  | (for the remaining items, a separate copy must be provided for each individual premises in this application) | | | | | | |  |
|  | * contact points and personnel data for each individual premises in this application (use Appendix at Section C) | | | | | | |  |
|  | * biosecurity management protocol including company’s risk assessment and Hazard Analysis and Critical Control Points (HACCP) for each individual premises in this application | | | | | | |  |
|  | * plan of each individual premises in this application including detailed map clearly outlining: * perimeter or boundary, to define the limits of the compartment premises * restricted access area * biosecurity zone * other building(s) on site (indicate their use if not for bird accommodation (e.g. storage of bedding, office, workshop etc) * entry and exit point(s) to each of the areas * flow diagram of each individual premises in this application, with personnel and product flow lines which needs to show: * how staff and products will move between buildings within the premises * inputs and Outputs to the individual premises (e.g. feed and eggs) * water source – mains/ borehole * animal by-products e.g. carcases, waste eggs, spent litter, manure etc | | | | | | |  |
|  | * copies of avian influenza test records for the past six months at each individual premises in this application (not required for re-inspections) | | | | | | |  |
| 9. | (This question applies only to an application for a re-inspection at any premises. Do not complete this question where your application is for initial inspection) | | | | | | |  |
|  | In the documents in question 8 I have indicated any changes that have been made since the previous compartment inspection visit (tick to confirm if changes have been made) | | | | | | |  |
| 10. | (This question applies only to an application for a re-inspection at any premises. Do not complete this question where your application is for initial inspection) | | | | | | |  |
|  | I understand that in the case of a re-inspection I may avoid a headquarters visit by making all the records required in Section C of the checklist available at the premises to be inspected. I wish to take advantage of this and agree to make all necessary records available to be inspected (tick to confirm) | | | | | | |  |
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| **Section B - Applicant’s Declaration** | | | | | | | | |
| I have read the scheme guidance published on the GOV.UK website and I accept the conditions. | | | | | | | | |

Signature

Name in block letters       Date

**Data Protection**

For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

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| **SECTION C - Appendix** | |
| **Information to be supplied by the company for each separate compartment premises. This form should be copied by the applicant and used for each premises.** | |
| **For re-inspection:** select 50% of your compartment sites for re-inspection each year. Defra reserves the right to select other or additional premises if epidemiological or other circumstances make that appropriate. | |
| 1. | Name and address of the company headquarters |
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| 2. | Compartment manager’s name, position in company or job title and qualifications |
|  |  |
| 3. | Telephone number, fax and email details of the representative above |
|  |  |
| 4. | Name and address of the company premises to which this inspection applies |
|  |  |
| 5. | Name and job title of the principal contact at this premises |
|  |  |
| 6. | Telephone number, fax and email details of the principal contact at this premises |
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| 7. | Function of the premises to which this inspection applies e.g. Elite, GGP, GP, PS, laying site, rearing site, quarantine site, hatchery, egg store |
|  |  |
| 8. | Confirm the site occupancy details of the premises as either: |
|  | * **Owned:** the site is wholly owned by the company and the staff are employed by the company or, |
|  | * **Contract:** the company has a written contract with the owner which gives the company full management control of the site and all the staff employed there |
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| 9. | Confirm that only one species is held at this premises, and state which species |
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| 10. | **For re-inspection only:** Indicate the date and approval number of initial approval |
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| 11. | **For re-inspection only:** Indicate the date and previous inspection or re-inspection |
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