



Zoonoses Order 1989

Salmonella Supplementary Form – General

- This ZO2 should be completed alongside the appropriate APHA species submission form

Section 1: (To be completed by person/laboratory making the report)				
1.1 a) Name and address of person/laboratory making report: <i>(tick ONE box below and specify PVS details at 1.1b if required)</i>				
APHA Veterinary Investigation Centre specified above		Vet Practice/Private Lab given on Submission form		
Signature:		Date:		
1.1 b) If Veterinary Practice name and address is not given on the Submission form, please specify details below:				
County:		Postcode:		
1.2 a) Name and address of place where sample taken : <i>(Tick box below OR provide details in space provided then complete b to e).</i>				
<input type="checkbox"/> Client's name and address as given on the Submission form <i>(please complete CPH if not on form)</i>				
County:		Postcode:		
CPH No.: / /				
1.2 b) Map Ref. of premises:		1.2 c) Map Ref. of sampling location* <i>(if different)</i>		
1.2 d) Type of premises where samples taken:				
		Farm	Slaughterhouse Ante-mortem	Slaughterhouse Post-mortem
		Human Food Premises	Other	N/K
1.2 e) Are the animals imported? Yes ⇒ Import date (mm/yy) Country of origin: No N/K				
1.3 Is the premises at 1.2 a) where the animals are kept ? Yes (go to 1.4) No – please specify name, address, CPH & map reference for this location below:				
County:		Postcode:		
CPH No.: / /				
Map Ref. of premises:		Map Ref. of animal location* <i>(if different)</i>		
1.4 Reason for sample submission: <i>(To be completed by submitting laboratory if known, or by Nominated Officer)</i>				
Non-statutory diagnosis Zoonoses Order investigation Voluntary surveillance Project <i>(specify project code)</i>				

* This map reference should be recorded from a GPS or OS Map reading. Leave blank if not known.



Section 2: Risk Assessment (to be completed by person/laboratory making report if information is known, or by APHA).

Complete this section in all cases *except* for reports of isolates made during ongoing investigations

or monitoring when it is known that the information has not changed.

Tick if ongoing investigation/monitoring

2.1 Has there been any recent diarrhoeal/ vomiting illness in farm staff/residents?

Yes

No

N/K

If a farm premises:

NA (Go to 2.6)

2.2 Does it have a Bed & Breakfast or similar enterprise?

Yes

No

N/K

2.3 Do the public visit the farm (e.g. school visits, open farm, camp sites, shows)?

Yes

No

N/K

2.4 Does it have a farm shop/ farm-gate sales/ local deliveries?

Home farm produce

Other produce

No

N/K

2.5 If a **dairy enterprise** is associated with this premises:

NA (Go to 2.6)

a) Does it sell milk or milk products direct to the public (including local deliveries)?

Unpasteurised

Pasteurised

No

N/K

b) Does it have an on-farm pasteurising/bottling plant?

Yes

No

N/K

c) Does it produce any milk/ milk products intended for sale as unpasteurised?

Yes

No

N/K

d) If any milk goes to a dairy/ food producer please give the name of the company:

e) Has the dairy company/ food producer been informed of the incident?

Yes

No

N/K

f) Do farm staff/residents/visitors consume raw milk/milk products produced on the farm?

Yes

No

N/K

Private Veterinary Surgeon's thoughts on:

NA (Go to Section 3)

2.6 Seriousness of the problem

Very serious

Serious

Moderate

Low grade

N/K

2.7 Suspected origin of infection

Purchased livestock

Feedstuffs

Water

Wildlife

N/K

Other (specify)

Section 3: (To be completed by the Nominated Officer)

For APHA Use

3.1 Is this case a **potential new incident**?

No

Yes (please request TC1197 on FarmFile service request screen)

3.2 Is this a **'Priority Case'**?

No

Yes (specify reason below & tick Priority Case box on ZO3)

Association with human illness

MDR Group B (see VISI 223)

MDR Group C2 (see VISI 193 & complete table on back of ZO3)

Other (specify)

3.3 Has a *Salmonella* farm/premises investigation (ZO4) been initiated?

Yes

No

3.4 Is the Nominated Officer responsible for the premises (1.2a) located at this V.I. Centre?

Yes

No

If 'No', please specify V.I.C. at which 2nd Nominated Officer is located:

3.5 To which Local Authority will this case be reported?

Nominated Officer's comments:

Form
completed

NO Signature:

Date
completed:

DATA PROTECTION

For information on how we handle personal data please go to 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.