

National *Salmonella* Enteritis Monitoring and Accreditation Program

Approved veterinarian recommendation for re-accreditation form

Owner/Manager/Agent (the contact person for all correspondence)

(Please print)

First name(s): Surname(s)

Company name:

Property name:

Property address:

Postal address:

Phone: Fax:

Email address:

Property Identification Code (PIC):

Note: if multiple properties are being accredited, please include the references the lab will use to differentiate between them.

Number of sheds on property:

Shed identification/numbering:

Number of birds (approximate)

Does the company export eggs or birds? No Yes – please complete the below

Product(s) exported:

Country exported to:

Management and risk assessment

As part of re-accreditation have you explained the conditions of the National *Salmonella* Enteritidis Monitoring & Accreditation Program (NSEMAP) to owner/manager/agent, and does he/she understand the conditions?

Yes No

Have there been any significant flock management changes?

Yes No

If there have been significant flock management changes, are you satisfied that the conditions of the NSEMAP guidelines for accredited status are being met?

Yes No

Are production flocks tested for SE every 3 months?

Yes No

Are rearing flocks tested for SE immediately prior to point of lay?

Yes No

Has the sampling and testing been done in accordance with the NSEMAP guidelines and results forwarded to the Administrator?

Yes No

Have all test results been negative for SE?

Yes No

Approved veterinarian

Veterinarian:

Registration no:

Hospital/clinic:

Postal address:

Phone: Mobile:

Fax: Email:

I declare that the information in this form is true and correct. Based on my risk assessment, satisfactory on-farm inspection and negative SE test results I recommend the flocks at the above property be re-accredited under the NSEMAP.

Signature: Date:

Name: **(please print)**.....

Please return this form to:
Jo Collins
Administrator NSEMAP
jo.collins@dpi.nsw.gov.au