



National *Salmonella* Enteritis Monitoring and Accreditation Program

Owner Agreement – Initial Accreditation

This form is to be filled out by the person(s) managing the flocks

(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: 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:

I hereby apply to have the flocks located at the above property placed on the list of accredited flocks for the National *Salmonella* Enteritidis Monitoring & Accreditation Program (NSEMAP).

I undertake to provide all information about the property and the history of the flocks relative to *Salmonella* Enteritidis (SE) to my approved veterinarian.

I have read and understood the NSEMAP guidelines, available at <https://www.dpi.nsw.gov.au/animals-and-livestock/poultry-and-birds/health-disease/national-salmonella-enteritidis-monitoring-and-accreditation-program>. I agree to undertake to comply with all the requirements of the NSEMAP.

I have read and understood the SE environmental sampling procedures as outlined in Appendix 1 of the NSEMAP guidelines.

I understand that the SE accredited status of the flocks will be maintained unless I am in breach of the NSEMAP guidelines or positive serological or environmental samples are reported or SE is cultured from the internal organs of chickens from suspected SE positive flocks.

I understand that all costs as part of obtaining and maintaining accreditation in the NSEMAP, including sampling, testing and biosecurity assessments are my responsibility.

Annual verification of the NSEMAP will be done in conjunction with either the Egg Standard of Australia, retailer (Coles or Woolworth) audits, State Food Safety Department audits or a Global Food Safety Initiative recognised audit.

NSEMAP Audit Date:

In conjunction with (specify audit):

Auditor:

Audit Body:

Are all corrective actions relating to NSEMAP closed out? YES/NO

FLOCK management and biosecurity

1. My nominated approved veterinarian will make an assessment of flock management and biosecurity prior to submitting a written report to the Administrator with a recommendation for re-accreditation.
2. My approved veterinarian will be promptly notified of any changes or alterations to flock management or biosecurity that might affect flock accreditation status.

Approved veterinarian:

Breakdowns

3. In addition to normal notifiable disease reporting requirements, I will notify my approved veterinarian immediately if SE is detected or suspected in the flocks.

4. If SE is confirmed in a flock, I will disclose all relevant information to my approved veterinarian to enable the source of infection to be identified.

Suspension and cancellation

Accreditation may be suspended if:

- Application for renewal is not carried out before the expiry date
- Verification audit is not sent within 14 months of last audit showing all corrective actions relating to NSEMAP have been closed out
- Testing is not carried out within 4 weeks of the specified period
- There is any breach or suspected breach of the NSEMAP guidelines
- SE positive serological or environmental samples are reported
- There is suspicion that flocks are associated with clinical cases of SE

Accreditation will be cancelled following:

- Continued breaches of the NSEMAP guidelines
- SE positive culture from the internal organs of chickens from suspected SE positive flocks

I undertake to ensure that individuals collecting environmental swab samples are suitably trained by an approved tester.

The sampling of my flocks will be undertaken by the following individual/s (names required):

.....
.....

Please indicate below the name of the trainer, position and the date training was provided to the individual/s listed above seeking approved tester status under the NSEMAP:

Approved tester

Trainer.....

Position.....

Date training was provided.....

Signature.....

The samples will be tested at the following approved laboratory:

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I undertake to inform the Administrator and the relevant jurisdictional authority or authorities stated below for my establishment of the results of positive testing for SE **within 24 hours** of the results being available.

- i) Biosecurity & Food Safety- NSW Department of Primary Industries
- ii) Chief Veterinary Officer Unit - Victorian Department of Economic Development, Jobs, Transport and Resources
- iii) Biosecurity Queensland - Queensland Department of Agriculture and Fisheries
- iv) Biosecurity Tasmania - Tasmania Department of Primary Industries, Parks, Water and Environment
- v) Primary Industries and Regions SA (PIRSA)
- vi) Department of Agriculture and Food, Western Australia (DAFWA)
- vii) Northern Territory Government – Animal Biosecurity Branch

I agree to allow the laboratory to email complete SE sampling results to avian.labresults@dpi.nsw.gov.au.

SignatureDate

Name (**please print**)

Please return this form to:

Jo Collins

Administrator NSEMAP

jo.collins@dpi.nsw.gov.au

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR REFERENCE