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: ........................................................................ Mobile: ....................................................

Email address: .................................................................................................................................

Property Identification Code (PIC): .................................................................................................

Type of production (please tick all that apply):

☐ Commercial egg layer / production farm

☐ cage

☐ barn

☐ free range

☐ other ........................................................................................................................................

☐ Pullet rearing

☐ Breeder farm / hatchery

☐ Other ........................................................................................................................................

Where have birds been purchased from? .........................................................................................

Management and risk assessment

If the owner/manager/agent has changed, have you explained the conditions of the National Salmonella Enteritidis Monitoring & Accreditation Program (NSEMAP) to him/her, and does he/she understand the conditions? Yes ☐ No ☐ N/A ☐

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 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

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR REFERENCE