**ANIMAL BIOSECURITY- PIG FIELD INVESTIGATION QUESTIONNAIRE**

This form is to be used by authorised officers under the *Biosecurity Act 2015* to collect information to investigate emergency pig diseases. Authorised officers must explain the importance and purpose of this investigation.

*NB: Fill in known Area of interest (AOI) information (page 1) and print google map images of entire holding and close ups of areas of interest such as sheds or yards before attending premise to minimise question fatigue/ time. Check the validity of pre-recorded information with interviewee and record information on google map images. Photographic or video evidence should be taken on site to support this record.*

*Note: Tracing information may need to be collected for more than 30days depending on the potential cause of disease.*

***Information is collected under the Biosecurity Act, 2015***

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| **Authorised Officer**: | | | | | | | Visit date:   / / | | | | **Time:** am/pm | | | |
| **Contact Reason:**  Notification (private vet) Notification (public) Notification (producer) Surveillance Tracing | | | | | | | | | | | | | | |
| **LOCATION / PROPERTY PHYSICAL ADDRESS (AOI = AREA OF INTEREST)** | | | | | | | | | | | | | | |
| Property name: | | | | | | | | Flat / Unit: | | | | | No: | |
| Street number: | | | | | | | Street name: | | | | | | | |
| Town / Suburb: | | | | | | | Postcode: | | | | | State: | | |
| Enterprise | | | | | | | | | | | | | | |
| Enterprise and management types: (Specify all enterprises for e.g. contract grower or breeder farm, small commercial beef and free-range egg)  Property Type:  Producer Abattoir Artificial Breeding Centre Knackery Saleyard/Scales Lab  Mobile exhibitor including petting Public Processor Retailer Showground Transport  Zoo or fixed exhibitor Other (specify) | | | | | | | | | | | | | | |
| APIQ membership: Yes No Other program/s memberships: | | | | | | | | | | | | | | |
| PIC: | | Property ID: | | Other identifier: | | | | | GPS lat:  long: | | | | | |
| **PRIMARY CONTACT (PERSON)** | | | | | | | | | | | | | | |
| Role: | | | | | This person is responsible for the animals involved yes no | | | | | | | | | |
| Title: | Given name: | | | | | | Family name: | | | | | | | |
| OR | Organisation name: | | | | | | | | | | | | | |
| Phone: | | | Fax: | | | Mobile: | | | | Other: | | | | |
| Email: | | | | | | | | | | | | | | |
| Website/Facebook: | | | | | | | | | | | | | | |
| Primary contact physical address | | | | | | | | | | | | | | |
| Property name: | | | | | | | | | | | Flat / Unit: | | | No: |
| Street number: | | | | | | | Street name: | | | | | | | |
| Town / Suburb: | | | | | | | Postcode: | | | | | State: | | |
| Primary contact mail address | | | | | | | ☐ Use physical address for mail | | | | | | | |
| Property name: | | | | | | | | Flat / Unit: | | | | | No: | |
| Street number: | | | | | | | Street name: | | | | | | | |
| Town / Suburb: | | | | | | | Postcode: | | | | | State: | | |
| Contact’s other premises/ enterprises (record address and summary) | | | | | | | | | | | | | | |
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| **Private veterinarian** | | | | | | | | | | | | | | |
| Name: | | | | Contact: | | | | | | | Last visit date: | | | |

* Attach google map images indicating where species and infrastructure are located on the AOI.
* ***Draw a mud map to provide enhanced detail where required***.
* Label items to identify components (including entry & exit points within & onto/off)
* Mark the **North point.**
* Record GPS coordinates for mud map site.
* Take photos representative of the mud map site
* Identify direction/location of neighbours with animals

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| **Location (AOI) mud map of relevant features Case No.** | | | | |
| Coordinates (specify units preferably decimal degrees) | Lat: ……………………………………….. [S] | | Long: …………………………………….. [N] | |
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| **Map drawn by** | | | | |
| Name: | | Phone: | | Mobile: |

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| **SURVEILLANCE DETAILS – FOR PREMISE (AOI)** |
| **Observation details re all susceptible animals and species on farm (use maps to record where each mob or group located)** |

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| Species PIG | | | | | | | | | | | |
| Age (specify days, months or years) | Class stock e.g. gilt, weaner, growers, sows, boars etc | Total # | | # inspected | | # affected | | | # dead | # sampled | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Species | | | | | | | | | | | |
| Age (specify days, months or years) | Class stock e.g. steer, lambs, etc | Total # | | # inspected | | # affected | | | # dead | # sampled | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Species | | | | | | | | | | | |
| Age (specify days, months or years) | Class stock e.g. steer, lambs, etc | Total # | | # inspected | | # affected | | | # dead | # sampled | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Number (D/M/Y) |  | number | | number | | number | | | number | number | |
| Species or class stock | Clinical signs | | | | | | | | | | |
| Name species or class of stock | Insert symptom | | | | number | | Insert symptom | | | | number |
| Name species or class of stock | Insert symptom | | | | number | | Insert symptom | | | | number |
| Name species or class of stock | Insert symptom | | | | number | | Insert symptom | | | | number |
| Additional comments including general health in minimum of last 2 months (longer as relevant to disease), include details (age, number/ percentage affected): | | | | | | | | | | | |
| Date when the described clinical signs were first observed | | | | | | | | | | | |
| Did the numbers of pigs sick or dying slowly build up or did a lot of pigs become unwell or die at the same time | | | | | | | | | | | |
| Are animals infested or exposed to ectoparasites (ticks, mites, biting flies, other arthropods)?  No  Yes ►  If yes specify details of any recent treatments: | | | | | | | | | | | |
| Field diagnosis, estimated date of first clinical signs and any comment | | | | | | | | | | | |
| Preliminary field diagnosis: | | | | | | | | | | | |
| Estimated date of first signs: / / | | | | | | | | | | | |
| Comment: | | | | | | | | | | | |
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| Any external stressors on the animals? e.g. change in feed, extreme weather, recent introductions | | | | | | | | | | | |
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| What is owner’s opinion on source of disease on their premises | | | | | | | | | | | |
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| Disease Treatment | | | | | | | | | | | |
| Record details of any treatment: what used, when, what administered to | | | | | | | | | | | |
| **Laboratory submission summary (attach copy of submission form)** | | | | | | | | | | | |
| Date collected: xx/xx /xx | | | Submission date: xx/xx /xx | | | | | Submission reference: Mxx-xxxxxx | | | |

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| **Previous testing history** (as relevant and where not already on property file) | | | | | | | | | | | | | | |
| *Testing:* | | | | *Who by/ contact phone:* | | | | | | *Date:* | | | | |
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| **Other animals/ livestock currently on the premise & numbers of each** | | | | | | | | | | | | | | |
| *Type of livestock* | | | | | | | *Numbers* | | | | | | | |
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| **Onsite Management of culls or mortalities** (For culls or dead animals moved **off site** please complete animal movements off farm section below)  Do you dispose of culls or dead animals **onsite**? If so, provide details  Do you have an emergency destruction and disposal plan? (attach if yes) | | | | | | | | | | | | | | |
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| What animals or other livestock are in vicinity of the AOI? | | | | | | | | | | | | | | |
| *Address* | | | | | | | *Type of stock, comment enterprise or numbers* | | | | | | | |
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| **ARTIFICIAL BREEDING** | | | | | | | | | | | | | | |
| Has Artificial Insemination or embryo transfer been used during the past 30 days?  No  Yes If yes provide details | | | | | | | | | | | | | | |
| Date …. / …. / …...., animal group , source genetic material , comment | | | | | | | | | | | | | | |
| Date …. / …. / …...., animal group , source genetic material , comment | | | | | | | | | | | | | | |
| **GENERAL BIOSECURITY ONTO/OFF THE FARM** | | | | | | | | | | | | | | |
| What **entry and exit** biosecurity measures are in place for **vehicles** entering and exiting from the farm? | | | | | | | | | | | | | | |
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| What **entry and exit** biosecurity measures for **people** are in place for entry to and exit from the **farm**? (include showering, footbath, protective clothing and footwear) | | | | | | | | | | | | | | |
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| Do the same conditions for **vehicle** and **people** entry and exit apply for movement between sites if this is part of a multisite piggery | | | | | | | | | | | | | | |
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| **GENERAL BIOSECURITY WITHIN THE ENTERPRISE BETWEEN DIFFERENT SHEDS/AREAS** | | | | | | | | | | | | | | |
| What **entry and exit** biosecurity measures are in place for **vehicles** entering and exiting between different production areas within the farm enterprise? (where applicable) | | | | | | | | | | | | | | |
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| What **entry and exit** biosecurity measures for **people** are in place for entry to and exit from each individual shed, feed mill, amenities, retail shop etc within the farm enterprise? | | | | | | | | | | | | | | |
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| What happens to **clothing/shoes** worn by staff while working within the enterprise when moving between sheds, sites and at the end of the day? | | | | | | | | | | | | | | |
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| **MOVEMENTS ONTO & OFF THE FARM** (minimum of 30 days) | | | | | | | | | | | | | | |
| **VEHICLES IN GENERAL** | | | | | | | | | | | | | | |
| Does the farm/operation own their own transport vehicles or engage a single or multiple transport companies? | | | | | | | | | | | | | | |
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| If a company is engaged, what is the name and contact details of the company? | | | | | | | | | | | | | | |
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| Are vehicles that transport pigs used exclusively for this farm or operation (details requested in sections below)? | | | | | | | | | | | | | | |
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| Do vehicles owned by this farm/ operation visit other sites if this is a multisite /vertically integrated piggery, including breeder farms and contract growers? This includes if this farm is not the main site of the operation. | | | | | | | | | | | | | | |
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| List other sites with pigs visited by vehicles and /or people from this farm/operation | | | | | | | | | | | | | | |
| *Name of site* | | *Contact person* | | | | | | | *Address* | | | | *Phone number* | |
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| **OTHER VEHICLES, MACHINERY & EQUIPMENT (if applicable)**  Other livestock transport vehicles, feed trucks, farm visitors’ cars, quad bikes, vehicles from utility companies (e.g. electricity, gas, etc.), local government cars (e.g. rangers), vet cars and other rural industry vehicles such as those of forestry contractors etc that visit the farm | | | | | | | | | | | | | | |
| *Vehicle/equipment* | | *Contact person* | | | | | | | *Phone number* | | | | *Dates* | |
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| What vehicles or equipment are shared/loaned with other premises, if not addressed above? | | | | | | | | | | | | | | |
| *Vehicle/equipment* | | *Contact person* | | | | | | | *Phone number* | | | | *Dates* | |
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| **ANIMALS MOVED ONTO THE FARM** (records may be available) | | | | | | | | | | | | | | |
| *Date* | *Species (pigs and other species which may act as fomites)* | | | *Age/sex etc* | | | | *Numbers* | | *Source/ phone no.* | | | | *Delivered by/ phone no.* |
|  | *PIG* | | |  | | | |  | |  | | | |  |
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| How does the delivery truck decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| Are pigs quarantined on arrival? If so, for what period of time are pigs quarantined? | | | | | | | | | | | | | | |
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| **ANIMALS MOVED OFF FARM**  (include information on animals that are moved **off site**, including to saleyards, private sales, for processing, culls and dead pigs for burial, composting or rendering etc (if applicable). Records may be available | | | | | | | | | | | | | | |
| What happens to animals moved off site? (records may be available) | | | | | | | | | | | | | | |
| *Destination/ phone no:* | | | | | *Transported by/ phone no:* | | | | | | *Date/ frequency:* | | | |
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| How do the truck(s) decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| **PROHIBITED PIG FEED** | | | | | | | | | | | | | | |
| Have pigs (feral or domestic) had/potentially had access to prohibited pig feed via: garbage, carcasses, swill, inappropriate feed e.g. dog food or other source? If yes specify details below | | | | | | | | | | | | | | |
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| **FEED MOVED ON AND OFF** | | | | | | | | | | | | | | |
| What feed is brought in? Where does the animal feed (feed materials if milled onsite) come from? (records may be available) | | | | | | | | | | | | | | |
| *Feed type* | | | *Source/phone no:* | | | | | *Transported by/ phone no:* | | | | *Date/frequency:* | | |
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| Is a dedicated truck used for delivering food to this piggery only? | | | | | | | | | | | | | | |
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| Does feed leave the premises? If so where does it go and who transports it? | | | | | | | | | | | | | | |
| *Feed type* | | | *Destination//phone no:* | | | | | *Transported by/ phone no:* | | | | *Date/frequency:* | | |
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| How do the feed truck(s) decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| **WATER** | | | | | | | | | | | | | | |
| What is the source of drinking water for the animals? | | | | | | | | | | | | | | |
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| What is the source of water for cooling/ climate control in sheds (if applicable)? | | | | | | | | | | | | | | |
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| What is the source of water for human consumption? | | | | | | | | | | | | | | |
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| If water is transported onto the property, please provide details of the transport. | | | | | | | | | | | | | | |
| *Source/ phone no:* | | | | | | *Transported by/ phone no:* | | | | | *Date/frequency:* | | | |
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| How does the water truck decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| **ANIMAL PRODUCTS ON AND OFF FARM** (records may be available)   * Animal products may include meat, offal, skins, hides, semen and embryos, and other porcine products * Products may also include chilled, frozen and cured products, including whole carcases, specific cuts and further processed products | | | | | | | | | | | | | | |
| Where do all the ***animal products*** that leave this premise go and who delivers them? - Including farmers markets, private sales and product given away. | | | | | | | | | | | | | | |
| *Animal product* | | | *Destination/ phone no:* | | | | | *Transported by/ phone no:* | | | | *Date/frequency:* | | |
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| If applicable, list all sources of ***animal products*** delivered to the premises for use, processing or sale? | | | | | | | | | | | | | | |
| *Animal product or packaging material* | | | *Source/ phone no:* | | | | | *Transported by/ phone no:* | | | | *Date/frequency:* | | |
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| How do the animal product truck(s) decontaminate onto or off the premises? Private sale vehicles? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| **WASTE** | | | | | | | | | | | | | | |
| **Litter (if applicable)** (records may be available) | | | | | | | | | | | | | | |
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| Where does the litter come from? | | | | | | | | | | | | | | |
| *Source/ phone:* | | | | | | *Transported by/ phone no:* | | | | | *Date/frequency:* | | | |
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| What happens to used litter? If it leaves the property where does it go to and who removes it? | | | | | | | | | | | | | | |
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| *Destination/ phone:* | | | | | | *Transported by/ phone no:* | | | | | *Date/frequency:* | | | |
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| How do the truck(s) delivering/removing the litter decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) | | | | | | | | | | | | | | |
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| **Other associated waste** | | | | | | | | | | | | | | |
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| What happens to effluent from the premises? | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| *Destination (if applicable)/ phone no:* | | | | | | *Transported by/ phone no:* | | | | | *Date/frequency:* | | | |
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| What happens to manure from the premises? | | | | | | | | | | | | | | |
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| *Destination/ phone no:* | | | | | | *Transported by/ phone no:* | | | | | *Date/frequency:* | | | |
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| **VERMIN, FERAL ANIMALS & WILDLIFE** | | | | | | | | | | | | | | |
| What vermin are on the premises? (e.g. rats, mice, rabbits) | | | | | | | | | | | | | | |
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| What do you use to control vermin? | | | | | | | | | | | | | | |
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| What feral animals or wildlife come onto the premises? (e.g. feral cats, pigs, wild birds) | | | | | | | | | | | | | | |
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| What measures are in place to prevent or minimise contact with feral pigs? | | | | | | | | | | | | | | |
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| What do you use to control feral pigs? | | | | | | | | | | | | | | |
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| Are you aware of any contact between feral animals/vermin and the domestic pigs? If so provide details. | | | | | | | | | | | | | | |
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| **PEOPLE**  (records may be available) | | | | | | | | | | | | | | |

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| **Employees current and previous 30 days (longer if relevant)** | | | | |
| Name of employee or visitors | Phone/Mobile | Work at other pig premises? Where? | Pigs at home - Y/N | Travelled overseas in the last 30 days – including details where known |
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| **Other people movements onto/off premises** | | | | |
| What other people enter your premises? (e.g. technicians/ contractors/ vets/visitors) & do they work on other farms with pigs? (Records may be available) | | | | |
| *Person:* | *Contact details:* | | *Dates on premise:* | *Other places visited:* |
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| **OTHER MATERIALS ON AND OFF FARM**  that have not been addressed by previous questions, such hay, straw, crops | | | | |
|  | | | | |
| *Materials* | | *Contact person/ phone no:* | | *Dates:* |
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| **OTHER COMMENTS / SUMMARY** | | | | |
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| **FIELD OPERATIONS ASSESSMENT** | |
| Site security considerations | Details: (e.g. fences, roads, gates) |
| Rights-of-way to move stock/people through property?  No  Yes ► | Details: |
| Valuation considerations | Details: |
| Are stock handling facilities suitable for performing operational activities?  No  Yes | Details: (incl. yards, crush) |
| Slaughter considerations | Details: (e.g. facilities/special problems) |
| Disposal considerations | Details: (e.g. burn/bury, soil type/water table, power/pipe lines, equipment, labour, premises assistance) |
| Cleaning / disinfection considerations | Details: |
| Potential WHS hazards?  No  Yes ► | Details: (e.g. underground cables, overhead power lines) |
| Additional information | Details: (including topography, vegetation, pastures) |

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| **DECLARATION** | |
| I declare the information provided about the AOI premises listed above is true and accurate. I acknowledge that it is an offence to provide false and/or misleading information to an Authorised Officer under the *Biosecurity Act 2015*. | |
| **AOI representative name:** | **Authorised officer name:** |
| ***Signature***: | ***Signature***: |
| Date: | Date: |

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| --- | --- | --- | --- |
| Legal Instruments | | | |
| Name order issued: | Date and time issued: / / | | |
| Duration: |  | | |
| Team leader | | | |
| Date of departure (team): / / | # in team: | Time start: | Time finish: |
| Signature: | Name: | | Date: / / |

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| --- | --- | --- | --- |
| **CONTROL CENTRE ACTION** | | | |
| Debriefed by: | Signature: | | Date: …. / …. / …….. |
| Investigations Manager Status Assessment:  Infected Suspect Trace DCP DCPF At-risk POR Resolved Unknown Zero susceptible ADS Approved disposal site NA | | | |
| Investigations Manager Qualifier (if applicable):  Vaccinated Assessed Negative # | | | |
| Rationale: | | | |
| Investigations Manager: | Signature: | | Date: …. / …. / …….. |
| Revisit: No Yes, in ………. days | Data entered by: | | Date: …. / …. / ……..  Time: …..….. am/pm |
| Alert to:  Surveillance Tracing IP Ops Epidemiology Other …………..….. | | Completed: …. / …. / …….. …..….. am/pm | |