**ANIMAL BIOSECURITY FIELD INVESTIGATION QUESTIONNAIRE**

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

*NB: Fill in known 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 21 days 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 e.g. 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) | | | | | | | | | | | | | | |
| Assurance program membership: Yes No Name program/s: | | | | | | | | | | | | | | |
| 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 (use maps to record where each mob or group located)** |

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| Species | | | | | | | | | | | |
| Age (specify days, months or years) | Class stock e.g. steer, gilt, 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, gilt, 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, gilt, 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 last 21 days (longer as relevant to disease), include details (age, number/ percentage): | | | | | | | | | | | |
| 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 introduction… | | | | | | | | | | | |
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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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| **Management of culls or mortalities**  Do you dispose of culls or dead animals onsite? Is 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 21 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 PPE to protect people from potential zoonosis) | | | | | | | | | | | |
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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, grading facility, feed mill, amenities, retail shop etc within the farm enterprise? What happens to clothing/shoes worn by staff while working within the enterprise? | | | | | | | | | | | |
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| **MOVEMENTS ONTO & OFF THE FARM** (minimum of 21 days) | | | | | | | | | | | |
| **Animals onto** | | | | | | | | | | | |
| *Date* | *Species* | | *Age/sex etc* | | | | *Numbers* | *Source/ phone no.* | | | *Delivered by/ phone no.* |
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| How does the delivery truck decontaminate onto or off the premises? (Any difference from the general biosecurity measures above?) What happens to any associated crates or boxes? Are there any isolation or treatment protocols for animals on arrival? | | | | | | | | | | | |
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| **Animals off** (include information on animals that culled or die and moved off site) | | | | | | | | | | | |
| What happens to culled animals/spent hens? | | | | | | | | | | | |
| *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, other source? If yes specify details below | | | | | | | | | | | |
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| **Feed onto/off** | | | | | | | | | | | |
| What feed is bought in? Where does the animal feed (feed materials if milled onsite) come from? | | | | | | | | | | | |
| *Feed type* | | *Source/phone no:* | | | | | *Transported by/ phone no:* | | | *Date/frequency:* | |
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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** | | | | | | | | | | | |
| Where do all the ***animal products*** go that leave this premise 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 and associated packaging*** 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? Is all your packaging material new? | | | | | | | | | | | |
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| **WASTE** | | | | | | | | | | | |
| **Litter (if applicable)** | | | | | | | | | | | |
| 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? | | | | | | | | | | | |
| *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** | | | | | | | | | | | |
| What happens to effluent from the premises? | | | | | | | | | | | |
| *Destination (if applicable)/ phone no:* | | | | | *Transported by/ phone no:* | | | | *Date/frequency:* | | |
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| What happens to manure from the premises? | | | | | | | | | | | |
| *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 animals? | | | | | | | | | | | |
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| What do you use to control feral animals/ wildlife? | | | | | | | | | | | |
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| Are you aware of contact between feral animals/vermin and domestic animals? If so provide details. | | | | | | | | | | | |
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| **PEOPLE** | | | | | | | | | | | |

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| **Employees current and previous 30 days (longer if relevant)** | | | | |
| Name of employee or visitors | Phone/Mobile | Work at other animal premises? Where? | Animals at home - Y/N | Travelled overseas or sickness last 30 days - including details where known |
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| Employee vaccination program potential animal diseases including influenza? |
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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? | | | | |
| *Person:* | *Contact details:* | | *Dates on premise:* | *Other places visited:* |
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| **Other vehicle/machinery/equipment (if applicable)** | | | | |
| What vehicles or equipment are shared/loaned with other premises? | | | | |
| *Vehicle/equipment:* | | *Who with/ 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 | |