Case number:

Animal biosecurity bluetongue virus 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.*

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

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| **Authorised Officer**: | | | | | | | Visit date:    / /24 | | | | **Time:** am/pm | | | | |
| **Contact Reason:**  Notification (private vet) Notification (public) Notification (producer) Surveillance  Tracing | | | | | | | | | | | | | | | |
| **LOCATION / PROPERTY PHYSICAL ADDRESS** | | | | | | | | | | | | | | | |
| PIC: | | Property ID / other identifier: | | | | | | | Lat (y): | | | | | Long (x): | |
| Property name: | | | | | | | | | Flat / Unit: | | | | | No: | |
| Street number: | | | | | | | Street name: | | | | | | | | |
| Town / Suburb: | | | | | | | Postcode: | | | | | State: | | | |
| Enterprise | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | |
| Farming system:  Sheep (Meat) Sheep (Fibre) Sheep (Mixed) Sheep (Feedlot) Sheep (Stud)  Other (specify) (Specify all enterprises e.g., small commercial beef and Sheep (stud)) | | | | | | | | | | | | | | | |
| Enterprise size:  small commercial medium commercial large commercial  backyard/hobby  Other (specify) | | | | | | | | | | | | | | | |
| Assurance program membership: Yes No  Name program/s: | | | | | | | | | | | | | | | |
| **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.** | | |
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| **Map drawn by** | | |
| Name: | Phone: | Mobile: |

| **SURVEILLANCE DETAILS – FOR PREMISE (AOI)** | | | | | | | | | | | | | | | | | |
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| **Observation details re all susceptible animals (use maps to record where each mob or group located)** | | | | | | | | | | | | | | | | | |
| **Mob** | **Species** | **Breed** | **Class stock** | **Time on property** | **Total #** | **# inspect** | **# affected (sick & dead)** | **# dead** | **# sampled** | **Clinical signs** | **Severity** | **Pasture** | **Vegetation cover** | **Water source** | **Stocking rate (DSE/Ha)** | **Stressors <1 mth prior to signs** |
| 1 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 2 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 3 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 4 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 5 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 6 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |
| 7 | ☐ Sheep  ☐ Goat | ☐ Merino  ☐ Wiltipoll  Other (specify) | ☐ Ram  ☐ Wether  ☐ Ewe  ☐ Hogget  ☐ Lamb  ☐ Mixed | ☐ <2 m  ☐ 2-6 m  ☐ 6-12 m  ☐ > 1 yr  ☐ VB | number | number | number | number | number | ☐ Sudden death ☐ Found dead  ☐ Lethargy ☐ Pyrexia ☐ Oedema  ☐ Cough ☐ Tachypnoea ☐ Dyspnoea ☐ Pneumonia ☐ Nasal discharge  ☐ Photosensitisation ☐ Erythema  ☐ Scabs/ encrustation/ scales (skin) ☐ Erosion/ ulceration  Other (specify) | ☐ None  ☐ Mild  ☐ Moderate  ☐ Severe | ☐ Native  ☐ Kikuyu  Other (specify) | ☐ Open  ☐ Wooded  ☐ Irrigated | ☐ Dam  ☐ Creek  ☐ Trough  ☐ Other |  |  |

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| Additional comments including differences in between mobs and general health in last60 days (longer as relevant to disease), include details (age, number/ percentage): | | |
| Field diagnosis, estimated date of first clinical signs and any comment | | |
| Preliminary field diagnosis: | | |
| Estimated date of first signs: / / | | |
| Comment: | | |
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| **Additional questions** | | |
| Have there been midges observed on the property? Low / Moderate / High / Absent  Have you observed any extreme weather events on the property since November (start of BTV season)? | | |
| Disease Treatment | | |
| Record details of any treatment: what used, when, what administered to | | |
| Laboratory submission summary (attach copy of submission form) | | |
| Date collected: …. / …. /…. | Submission date: …. / …. /…. | Submission reference: Mxx-xxxxxx |

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| **Other animals/ livestock currently on the premise & numbers of each** | | | | | | | | | | | | | | | |
| *Type of livestock* | | | | *Numbers* | | | | | | *Date introduced to property* | | | | | |
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| **What animals or other livestock are in vicinity of the AOI? (ie direct neighbours)** | | | | | | | | | | | | | | | |
| *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 of genetic material | | | | | Comment | | |
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| Has any reproductive product (semen or embryos) left the property within the last 60 days?  No  Yes If yes provide details | | | | | | | | | | | | | | | |
| Date | | Animal group | | | | | | Destination | | | | | Comment | | |
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| **MOVEMENTS ONTO & OFF THE FARM** (last 60 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? Are trucks clean before loading and after delivery if owner transported) 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/mortalities? | | | | | | | | | | | | | | | |
| *Destination/ phone no:* | | | | | | *Transported by/ phone no:* | | | | | | *Date/ frequency:* | | | |
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| Have any animals from the property been sent for live export or required export certification for product in the previous 6 months? | | | | | | | | | | | | | | | |
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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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| If shearing occurs, what are the approximate shearing dates for the year? | | | | | | | | | | | | | | | |
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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 | |