

FARM ID (write here as provided by software after submitting form data):

## Farm Profile

1. Report type ( <b>check one</b> ) <input type="checkbox"/> First assessment report ( <i>please fill out all relevant questions and FARM ID</i> ) <input type="checkbox"/> Follow-up monitoring report ( <i>please fill out all relevant questions and FARM ID</i> ) <input type="checkbox"/> Farm closure report ( <i>please fill out question no. 2 and FARM ID only</i> )									
2. Date of visit ( <b>dd-mm-yyyy</b> ) <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>		3. Division ( <b>block letters</b> )		4. District ( <b>block letters</b> )		5. Upazila ( <b>block letters</b> )			
6. Union ( <b>block letters</b> )		7. Mouza ( <b>optional</b> ) ( <b>block letters</b> )		8. Village ( <b>block letters</b> )		9. Address ( <b>block letters</b> )			
10. Owner's name ( <b>block letters</b> )		11. Owner's phone number ( <b>numbers</b> ) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		12. Farm Ownership Type ( <b>check one</b> ) <input type="checkbox"/> Corporate contract <input type="checkbox"/> Independent <input type="checkbox"/> Personal contract (dealer) <input type="checkbox"/> Rental					
13. Persons interviewed ( <b>check one</b> ) <input type="checkbox"/> Owner <input type="checkbox"/> Farm manager <input type="checkbox"/> Farm worker <input type="checkbox"/> Dealer ( <b>Optional</b> )									
14. Latitude Decimal Degree ( <b>number</b> ) <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>°</div>									
Longitude Decimal Degree ( <b>number</b> ) <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>°</div>									
15. Species ( <b>check all that apply and circle the main species</b> )		<input type="checkbox"/> Chicken <input type="checkbox"/> Brown Comm. <input type="checkbox"/> White Comm. <input type="checkbox"/> Deshi (backyard) <input type="checkbox"/> Sonali		<input type="checkbox"/> Duck	<input type="checkbox"/> Goose	<input type="checkbox"/> Pigeon	<input type="checkbox"/> Quail	<input type="checkbox"/> Turkey	<input type="checkbox"/> Guinea fowl
15.a) Specify the main species: _____									
16. Standing population ( <b>number</b> ) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> birds					17. Maximum farm capacity ( <b>number</b> ) <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> birds				
18. Birds production purpose ( <b>check one</b> ) <input type="checkbox"/> Egg <input type="checkbox"/> Meat <input type="checkbox"/> Egg & Meat <input type="checkbox"/> Breeder <input type="checkbox"/> Sport <input type="checkbox"/> Pet									
19. Age at arrival on farm ( <b>check one</b> ) <input type="checkbox"/> DOC <input type="checkbox"/> Pullet <input type="checkbox"/> Adult									
20. Has an avian influenza investigation been conducted previously on this farm?			<input type="checkbox"/> Yes		Approximate date ( <b>dd-mm-yyyy</b> ) <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>				
			<input type="checkbox"/> No						

## Avian Influenza (AI) vaccination practices

21. Was your DOC vaccinated with AI vaccines at the hatchery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was your flock vaccinated for AI? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, continue to question no. 23 otherwise continue to Biosecurity practices section)	
23. Vaccine 1: Name of AI vaccine used (full name of product)	24. Vaccine 2: Name of AI vaccine used (full name of product)
Schedule used for Vaccine 1: (check one)	Schedule used for Vaccine 2: (check one)
<input type="checkbox"/> No schedule (unknown)	<input type="checkbox"/> No schedule (unknown)
<input type="checkbox"/> Age basis: Total doses given per production cycle _____ Dose 1: _____ week Dose 2: _____ week Dose 3: _____ week Dose 4: _____ week Dose 5: _____ week	<input type="checkbox"/> Age basis: Total doses given per production cycle _____ Dose 1: _____ week Dose 2: _____ week Dose 3: _____ week Dose 4: _____ week Dose 5: _____ week
<input type="checkbox"/> Calendar basis: In which season do you vaccinate? <input type="checkbox"/> Grisma <input type="checkbox"/> Barsa <input type="checkbox"/> Sharat <input type="checkbox"/> Hemanta <input type="checkbox"/> Shhit <input type="checkbox"/> Basanta	<input type="checkbox"/> Calendar basis: In which season do you vaccinate? <input type="checkbox"/> Grisma <input type="checkbox"/> Barsa <input type="checkbox"/> Sharat <input type="checkbox"/> Hemanta <input type="checkbox"/> Shhit <input type="checkbox"/> Basanta
<input type="checkbox"/> After outbreak	<input type="checkbox"/> After outbreak
25. Vaccine given by (check all that apply) <input type="checkbox"/> Outside vaccinators <input type="checkbox"/> Farm staff	
26. Means of verification (check all that apply) <input type="checkbox"/> Vaccination records <input type="checkbox"/> Semi-structured interview	

**Biosecurity practices**

<b>27. A. Access control at farm entrance</b>			<b>B. Access control between loading area and production area</b>		
A.1 Outside vehicles do not enter farm, only essential vehicles (e.g. feed, egg)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	B.1 No movement of vehicles in and out the production area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.2 Only workers and approved visitors enter farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	B.2 Only workers enter production area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.3 No manure collectors enter farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	B.3 Only visitors enter production area if accompanied by farm manager	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.4 Farm area is fully fenced and duck/chicken proof	<input type="checkbox"/> Yes	<input type="checkbox"/> No	B.4 Signs posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.5 Dead birds disposed safely	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
A.6 Signs posted	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>C. Personnel management</b>			<b>D. Equipment management</b>		
C.1 Outside footwear left outside farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	D.1 materials returning from market or other farm cleaned with soap and water before entering the farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.2 Workers and visitors change clothes upon entering farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	D.2 materials returning from market or other farm disinfected before entering the farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C.3 Workers and visitors use only dedicated footwear in production area	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
C.4 Worker and visitors shower upon entering farm	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
28. Most common dead bird management practice ( <i>check one</i> ) <input type="checkbox"/> Buried <input type="checkbox"/> River <input type="checkbox"/> Rubbish pit <input type="checkbox"/> Pond <input type="checkbox"/> Open place/bush <input type="checkbox"/> Rubbish container <input type="checkbox"/> Food/feed					
29. Means of verification ( <i>check all that apply</i> ) <input type="checkbox"/> Direct observation <input type="checkbox"/> Semi-structured interview <input type="checkbox"/> Compared to biosecurity design plan					

**Antibacterial usage in the current flock**

30. Do you use any Antibiotics? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, continue to question no. 31 [use Generic names] otherwise continue to question no.36)				
31. Product name: _____  <b>Source</b> <input type="checkbox"/> Salesman <input type="checkbox"/> Upazila Vet. Hosp. <input type="checkbox"/> Market <input type="checkbox"/> Dealer <input type="checkbox"/> Vet <input type="checkbox"/> Quack <b>Purpose</b> <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs <b>Route</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection <b>Frequency</b> <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> Continuous (everyday) <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <b>Duration of treatment</b> <input type="text"/> <input type="text"/> <input type="text"/> days	32. Product name: _____  <b>Source</b> <input type="checkbox"/> Salesman <input type="checkbox"/> Upazila Vet. Hosp. <input type="checkbox"/> Market <input type="checkbox"/> Dealer <input type="checkbox"/> Vet <input type="checkbox"/> Quack <b>Purpose</b> <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs <b>Route</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection <b>Frequency</b> <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> Continuous (everyday) <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <b>Duration of treatment</b> <input type="text"/> <input type="text"/> <input type="text"/> days	33. Product name: _____  <b>Source</b> <input type="checkbox"/> Salesman <input type="checkbox"/> Upazila Vet. Hosp. <input type="checkbox"/> Market <input type="checkbox"/> Dealer <input type="checkbox"/> Vet <input type="checkbox"/> Quack <b>Purpose</b> <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs <b>Route</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection <b>Frequency</b> <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> Continuous (everyday) <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <b>Duration of treatment</b> <input type="text"/> <input type="text"/> <input type="text"/> days	34. Product name: _____  <b>Source</b> <input type="checkbox"/> Salesman <input type="checkbox"/> Upazila Vet. Hosp. <input type="checkbox"/> Market <input type="checkbox"/> Dealer <input type="checkbox"/> Vet <input type="checkbox"/> Quack <b>Purpose</b> <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs <b>Route</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection <b>Frequency</b> <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> Continuous (everyday) <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <b>Duration of treatment</b> <input type="text"/> <input type="text"/> <input type="text"/> days	35. Product name: _____  <b>Source</b> <input type="checkbox"/> Salesman <input type="checkbox"/> Upazila Vet. Hosp. <input type="checkbox"/> Market <input type="checkbox"/> Dealer <input type="checkbox"/> Vet <input type="checkbox"/> Quack <b>Purpose</b> <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs <b>Route</b> <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection <b>Frequency</b> <input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day <input type="checkbox"/> Three times a day <input type="checkbox"/> Continuous (everyday) <input type="checkbox"/> Once a week <input type="checkbox"/> Once a month <b>Duration of treatment</b> <input type="text"/> <input type="text"/> <input type="text"/> days

36.

- Describe the farmer's concerns.

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- What would the farmer like assistance with?

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37. Provide a list of new biosecurity practices agreed with farmer

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**Administration**

Name, designation and phone ( <i>block letters</i> )	Signature
1.	1.
2.	2.

**FARM ASSESSMENT AND MONITORING      BANGLADESH U2C INITIATIVE**

**Acknowledged by:**

**Approved by:**

Name

Signature

Name

Signature