



Farm Profile

1. Report type (check one)

First assessment report (please fill out all relevant questions and FARM ID)
 Follow-up monitoring report (please fill out all relevant questions and FARM ID)
 Farm closure report (please fill out question no. 2 and FARM ID only)

2. Date of visit (dd-mm-yyyy)

3. Division (block letters)

4. District (block letters)

5. Upazila (block letters)

6. Union (block letters)

7. Mouza (optional) (block letters)

8. Village (block letters)

9. Address (block letters)

10. Owner's name (block letters)

11. Owner's phone number (numbers)

12. Farm Ownership Type (check one)

13. Persons interviewed (check one)

Owner Farm manager Farm worker Dealer

(Optional)

14. Latitude Decimal Degree (number) ____.

Longitude Decimal Degree (number) ____.

15. Species (check

*all that apply and
circle the main
species* Chicken Brown Comm. White Comm.
 Deshi (backyard) Sonali Duck Goose Pigeon Quail Turkey Guinea
fowl

15.a) Specify the main species: _____

16. Standing population (number) _____ birds

17. Maximum farm capacity (number) _____ birds

18. Birds production purpose (check one)

Egg Meat Egg & Meat Breeder Sport Pet

19. Age at arrival on farm (check one)

DOC Pullet Adult

20. Has an avian influenza investigation
been conducted previously on this farm? Yes

Approximate date (dd-mm-yyyy) _____

 No**Avian Influenza (AI) vaccination practices**21. Was your DOC vaccinated with AI vaccines at the hatchery? Yes No Unknown22. Was your flock vaccinated for AI? Yes 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)

 No schedule (unknown) No schedule (unknown) Age basis:

Total doses given per production cycle _____

 Age basis:

Total doses given per production cycle _____

Dose 1: _____ week

Dose 1: _____ week

Dose 2: _____ week

Dose 2: _____ week

Dose 3: _____ week

Dose 3: _____ week

Dose 4: _____ week

Dose 4: _____ week

Dose 5: _____ week

Dose 5: _____ week

 Calendar basis:

In which season do you vaccinate?

Grisma Barsa Sharat
 Hemanta Shhit Basanta

 Calendar basis:

In which season do you vaccinate?

Grisma Barsa Sharat
 Hemanta Shhit Basanta

 After outbreak After outbreak25. Vaccine given by (check all that apply) Outside vaccinators Farm staff26. Means of verification (check all that apply) Vaccination records Semi-structured interview

Biosecurity practices

27. A. Access control at farm entrance			B. Access control between loading area and production area			
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			
C. Personnel management			D. Equipment management			
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 flock30. Do you use any Antibiotics? Yes No (*if Yes, continue to question no. 31 [use Generic names] otherwise continue to question no.36*)

31. Product name:	32. Product name:	33. Product name:	34. Product name:	35. Product name:
Source <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 Purpose <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs Route <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection Frequency <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 Duration of treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days	Source <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 Purpose <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs Route <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection Frequency <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 Duration of treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days	Source <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 Purpose <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs Route <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection Frequency <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 Duration of treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days	Source <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 Purpose <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs Route <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection Frequency <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 Duration of treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days	Source <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 Purpose <input type="checkbox"/> Infection/sick <input type="checkbox"/> Prevention <input type="checkbox"/> Faster growth/ more eggs Route <input type="checkbox"/> Drinking water <input type="checkbox"/> Feed <input type="checkbox"/> Injection Frequency <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 Duration of treatment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> days

36.

- Describe the farmer's concerns.

1.

2.

3.

- What would the farmer like assistance with?

1.

2.

3.

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

1.

2.

3.

4.

5.

Administration

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

Acknowledged by:	Approved by:
Name	Signature