|  |
| --- |
| ***Please read this information carefully before completing your application.***  ***Time required to complete this application form may range from 1-3 days, including gathering and reviewing the collection of information needed.***  **I. Submission Protocol**   1. **Endorsement by the Competent Authority is a pre-requisite.** All application forms must be verified, endorsed by the Department of Agriculture, Water and the Environment. 2. The application must be submitted in English. For documents that serve as supporting evidence (e.g. laboratory results, production records), at least the headers should be translated. Photographs should come with clear captions/ descriptions. 3. **Submissions can be made by Email. Note there is a 5MB size limit so files may need to be zipped or multiple emails sent marked <Farm name – Singapore Farm approval application email 1 of 5, 2 of 5 etc. >.**  * **Electronic transmission:** Please email soft copy submissions to   dairyeggsfish@awe.gov.au  **II. Upon submission of application:**   1. **Acknowledgement and confidentiality**   We will provide an acknowledgement via email when we have received your information. The submitted information will be treated in strict confidence.   1. **Processing time**   We aim to process your application within 12 weeks from our date of receipt.  Factors below will help speed up and facilitate the processing time:   * Application is complete, i.e. all required information/ documents are provided and retrievable; * Submitted information is clear, understandable and in English   Priority may be given to cases that meet strategic alignment with national and organisation needs.  **III. Outcome of evaluation:**     1. All communication (e.g. request for information, enquiries) and outcome of the evaluation and farm code for successful applications will be sent to the Competent Authority. The competent authority (commodity program) will inform the farm of the outcome and farm codes if application is approved. |

### A) PARTICULARS OF COMPANY

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** |  | | |
| **Names of owner (s)** |  | | |
| **Company address:** |  | | |
| **Unit no** |  | | |
| **Street Name** |  | | |
| **Post Code** |  | | |
| **District / City** |  | | |
| **State / Province** |  | | |
| **Tel No.** |  | | |
| **Fax No.** |  | | |
| **Email Address:** |  | | |
| **Company profile**  Provide introduction and background of company, including organization chart / all other farms (e.g breeder farm, pullet farm, broiler farm, layer farm etc.) under same management, if any: | | | |
| **Farm Name** | **Type of farm** | **Location** | **Production capacity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### B) PARTICULARS OF FARM APPLYING FOR ACCREDITATION

|  |  |
| --- | --- |
| **Name of farm** |  |
| **Name of owner** |  |
| **Farm License number** |  |
| **Farm Address** |  |
| **Unit no.** |  |
| **Street Name** |  |
| **Post Code:** |  |
| **District / City** |  |
| **State / Province** |  |
| **Tel No.** |  |
| **Fax No.** |  |
| **Email Address** |  |

### C) PARTICULARS OF FARM VETERINARIAN

|  |  |
| --- | --- |
| **Name of consulting / farm veterinarian** |  |
| **Address** |  |
| **Tel no.** |  |
| **Fax no.** |  |
| **Email address** |  |
| **Qualifications & Date of Appointment to Farm (attach copy of appointment letter*)*** | |

### D) FARM STAFF

|  |  |  |
| --- | --- | --- |
|  | **Number of staff** | **Area of work** |
| **Veterinary and para-vets** |  |  |
| **Managerial** |  |  |
| **Worker** |  |  |
| **Administration** |  |  |
| **Others (please specify)** |  |  |

### E) LOCATION, LAYOUT OF FARM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **i. Total area of farm (Ha):** | |  | | | |
| **ii. GPS Coordinates** | **Latitude** | N/S \_\_\_\_\_\_0 \_\_\_\_\_\_\_’\_\_\_\_\_\_\_\_\_” | | | |
| **Longitude** | E/W \_\_\_\_\_\_0 \_\_\_\_\_\_\_’\_\_\_\_\_\_\_\_\_” | | | |
| **iii. Location** | | | | | |
| 1. Attach a location map with description on the surroundings where the farm is located | | | |  | |
| 1. Any other poultry farm within the same area where the farm located? | | | |  | |
| 1. What is the distance to the nearest poultry farms? | | | | km | |
| 1. What is the distance to the public road from the farm? | | | | km | |
| **iv. Poultry House** | | | | | |
| 1. Type of poultry house | | | \* Environment-controlled closed house/  Open-sided house with bird proofing | | |
| 1. Number of each type of house | | |  | | |
| 1. Cooling system | | | \*None (simple fans in house) / tunnel fan / tunnel fan & evaporative cooling pad / mist spray inside house | | |
| 1. Type of production system | | | \*Multi-tier cage system (pls state number of tiers):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Barn system/ Others (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. No. of birds per cage and floor space per bird (\*sq cm / sq ft) | | | No. birds per cage | | Floor space per birds |
| 1. Attach flock details, including growers and pullets | | | Fill in **Annex A** | | |

*\* delete where appropriate*

### F) SOURCE OF REPLACEMENT STOCKS AND PRODUCTION

|  |  |
| --- | --- |
| **i. Sources of \*day-old chicks / pullets stock** | |
| 1. Country |  |
| 1. Name of supplier / breeder farm(s) |  |
| 1. Breed |  |

|  |  |  |
| --- | --- | --- |
| **ii. Egg Production Performance** | | |
| 1. Age (weeks) at 5% egg production | Weeks | |
| 1. Age (weeks) at peak production and % | weeks | % |
| 1. Average hen-housed production (no. of eggs & %) | eggs | % |
| 1. Total eggs produced per month (no.) | eggs | |
| 1. Accumulated rate (%) of mortality / culling before lay | % | |
| 1. Accumulated rate (%) of mortality / culling during egg production (since lay) | % | |
| 1. Culling age (weeks) | week | |
| 1. **Attach copy of records for completed cycle of egg production of flocks** | | |
| 1. **Provide colored photographs with captions/description of the interior and exterior view of poultry houses. Please include feeding system, egg collection/ manure belts and overall structural system (i.e. cages, ventilation fans) of the houses** | | |

### G) FARM BIOSECURITY AND HYGIENE

|  |
| --- |
| **i. Describe and provide clear photographs of the farm’s biosecurity programme and sanitation control measures e.g. movement of animals, personnel, vehicles, etc, including:** |
| 1. General view of farm   Please include a Farm layout plan/ Farm plot with brief description on movement flow of staff, livestock & equipment |
| 1. Disinfection facilities for vehicles entrance to farm and production area |
| 1. Workers and visitors’ changing / shower room, foot-dip at entrance to production area |
| 1. Foot-dip at entrance to poultry houses |
| 1. Perimeter fence of farm |
| 1. Fence and gate showing proper separation between production and non-production area |
| 1. Bird proofing for poultry houses |
| 1. Worker quarters |
| 1. Drainage system |
| 1. Pest control measures on farm |

### H) HEALTH PROGRAMME

|  |  |  |  |
| --- | --- | --- | --- |
| **i. Vaccination regime** | | | |
| Age (week / day) | Type of Vaccines (with strains and manufacturer) | Method of application | Vaccination for (disease) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ii. Medication / prophylaxis programme** | | |
| Age of use (week / day) | Type used and dosage | Control for (disease) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **iii. Type of disinfectants / sanitizers used** | | |
| Point of use (e.g. vehicle, foot path, personnel etc.) | Type of disinfectant | Concentration used |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **iv. *Salmonella* enteritidis control and monitoring programme** | | | | |
| a) Does the farm carry out any vaccination against *Salmonella* enteritidis during growing period / egg production period? | | | | \*Yes / no |
| b) If yes, please fill up the table below | | | | |
| **Age of vaccination (week / day)** | **Type of vaccine and strain and manufacturer** | | **Method of vaccination** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| c) Attach *Salmonella enteritidis* (SE) monitoring programme and sampling programme. Sampling programme should include the following information: | | Fill in **Annex B** | | |
| d) Type of testing lab | | \*Government lab/  Private lab (Accredited/ Non-accredited)/  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **e) Attach copies of laboratory reports/results for *Salmonella* tests of samples** | | | | |
| f) Please describe the SE control policy of the farm (i.e. actions taken if samples are found to be SE positive): | |  | | |

### I) ANIMAL FEEDING REGIME

|  |  |  |
| --- | --- | --- |
| **i. Type of feed** | **Stage of production (days/weeks)** | **Name of supplier(s)/ Feedmill (s)** |
| e.g. pre-starter feed/ grower feed | e.g. 1-28days |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **ii. Attach list of feed additives, manufacturer, % concentration and purpose of use** | | |
| **iii. Attach colored photographs (with captions) showing feed storage and supply system** | | |

### J) WATER SUPPLY

|  |  |  |
| --- | --- | --- |
| **i. Source of supply** | \* Municipal/ underground / well / pond /  others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ii. Type of treatment | | |
| a) For drinking: |  | |
| b) For washing: |  | |
| **State chlorine level in ppm if treated with chlorine** | | ppm |
| **iii. Attach copy of analytical results (if any) of drinking water for microbiology and heavy metal if water supply is not from Public Utility** | | |
| **iv. Provide colored photographs (with captions) of water supply system (pond, underground water system, water storage tank, water treatment facilities, etc)** | | |

### K) WASTE TREATMENT / DISPOSAL

|  |  |  |
| --- | --- | --- |
| **i) Methods of treatments / disposal**  **(incineration/ pit/ bury/ biogas compost/ sale)** | | **Frequency**  **(per day/ week/ cycle/ batch)** |
| a) Dead birds |  |  |
| b) Manure |  |  |
| c) Farm waste |  |  |
| d) Others |  |  |
| **ii. Provide colored photographs (with captions) of disposal system / site** | | |

### L) PEST CONTROL MEASURES

|  |  |
| --- | --- |
| **i. Describe methods used for pest control (including usage of chemicals & frequency, if applicable)** | |
| a) Flies |  |
| b) Rodents |  |
| c) Wild Birds |  |
| d) Stray Animals |  |

### M) EGG GRADING AND PACKING FACILTIES

|  |  |
| --- | --- |
| a) Description of egg grading/packing facility | \*Air-conditioned/ Non-air conditioned/ Bird / rodent-proof |
| b) Location of egg grading/packing facility | \*At farm premise/ Central packing and grading facility elsewhere |
| c) If at central packing and grading facility, please indicate farms sharing the same facility: |  |
| d) Brand of egg grading system used and speed of egg grading per hour |  |
| e) Are eggs washed or sanitized? |  |
| **f) Describe and provide a layout plan of the egg grading and packing centre to show the process flow, including how eggs will be transported** | |
| **g) Provide colored photographs (with captions) showing the condition of egg grading /packing and storage facilities** | |

### N) DECLARATION BY ESTABLISHMENT

I declare that the information given above is true and correct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and designation of person who submitted above information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Company Stamp Date

**========================================================================**

### O) VERIFICATION BY VETERINARY AUTHORITY

I have verified the above information given by the company and certified that they are

true and correct.

Name and designation of veterinarian who verified above information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Official Stamp Date

Of Veterinary Authority

### FARM FLOCK DETAILS

*(For all ages of birds, including chicks and growers, and record empty houses)*

| **SN** | **Flock ID** | **House No.** | **Age in weeks** | **Breed** | **Source** | **No. of birds (‘000)** | **No. of eggs produced (Daily)** | **House Type (e.g. ECC / Bird-proofed Open-sided)** | **Date of last sampling for Salmonella test** | **Remarks./ type of samples and laboratory result for Salmonella test** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Farm production (eggs) per month (million)**  **(current / maximum)** |  |  | **Name and address of Breeder source(s)** |
| **Eggs sent to Hatchery per month**  **(current / maximum)** |  |  |

### SE MONITORING PLAN

*(Information provided below is for example only; Farm to kindly fill up the details according to their own SE monitoring programme)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Age group of flock** | **Type of samples** | **Method / location** | **No. samples** | **Frequency** | **Collected by** | **Test for** |
| 1 | *e.g.*  *Day old chicks/ layers at x weeks’ old* | *e.g.*  *Dead / culled day-old chicks*  *Drag swabs/ Cloacal swabs/*  *Environmental dust/*  *Stool/ manure sample* | *e.g.*  *Collect samples from all dead / culled chicks*  *Drag swab / Dust from floor/ cages/ wire mesh/ ventilation fans/ feed trough/ automatic stool belt etc.* | *e.g.*  *x samples every batch/flock or every layer house* | *e.g.*  *Every batch*  *Quarterly/ Monthly for every batch/flock or every layer house* | *e.g.*  *Farm vet/ Farm Manager/ Farm worker / government officials* | *e.g.*  *Salmonella antibodies/ SE bacteria* |
| 2 | *Others* | *Feed/ Environmental swabs* | *From feed silos/ troughs* | *x g samples pooled from x houses* | *Monthly* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |