

Case No: Date of visit:

Time spent on site: Main Inspector:

Site No: Site Name:
 Business No: Business Name:

Case Types: 1 2 3 4 5 6

Water Temp (°C): Thermometer No: FHI 045 completed

Observations: Region: WI Water type: F CoGP MA

Dead/weak/abnormally behaving fish present? If yes, see additional information/clinical score sheet.
 Clinical signs of disease observed? If yes, see additional information/clinical score sheet.
 Gross pathology observed? If yes, see additional information/clinical score sheet.
 Diagnostic samples taken?

UNI/REG only - if unable to carry out intended visit detail reason below:

Additional Case Information:

MIX inspection paper work and site inspection conducted by [REDACTED], observed by [REDACTED].

The site last conducted feed mixing in August 2021 for a 10 day Aquatet treatment.

Case No: 2022-0467

Site No: FS0398

Date of Visit: 04/10/2022

Inspector(s):

Registration/Authorisation Details

- 1. Business/site details summary checked by site representative? Y
- 2. Changes made to details? N

Site Details (include cleaner fish for all sections)

Total No facilities	12	Facilities stocked	12	No facilities inspected	12
Species	SAL				
Age group	2021 S0s				
No Fish	420,000				
Mean Fish Wt	70g				
Next Fallow Date (Site)	14th October	Next Input Date (Site)	October 2022		
Recent (last 4 wks) disease problems?		N	Any escapes (since last visit)?		N
If yes, detail:					

Movement Records

- 1. Movement records available for inspection? Y
- 2. Date of last inspection: 05/10/2021
- 3. Are records complete and correctly entered? Y
- 4. Are movement records available for dead fish and waste? Y
- 5. Are records complete and correctly entered? Y
- 6. Are health certificates for introductions (outwith GB) available?

Transport Records

- 1. Are any movements carried out by (or on behalf) of the business (not using a STB)?
- If yes, is there a system in place for maintenance of transportation records?

Mortality Records

- 1. Mortality records available for inspection?
- 2. How are mortalities disposed of?
- If other detail:
- 3. Mortality records complete and correctly entered?
- 4. Recent mortality (last 4 wks):
- 5. Evidence of recent increased/atypical mortalities?
- If yes, facility nos/no mortality per facility/no stock per facility/reason:
- 6. Any other peaks in mortality during period checked?
- If yes, detail:
- 7. Have increased (unexplained) mortalities been reported to vet or FHI?
- If yes, detail action:
- 8. Have 'mortality events' been reported to FHI? If no, enter details on mortality events sheet.

Treatments and Medicines Records

1. Recent treatments (see comment)?	<input type="checkbox"/>	N
If yes, detail: <input type="text"/>		
If other, detail: <input type="text"/>		
2. Medicines records available for inspection?	<input type="checkbox"/>	Y
3. Are records complete and correctly entered?	<input type="checkbox"/>	Y
4. Are fish in a withdrawal period?	<input type="checkbox"/>	N
5. If yes, what treatment(s)?	<input type="text"/>	
If other, detail: <input type="text"/>		
6. Are medicines stored appropriately?	<input type="checkbox"/>	Y

Biosecurity Records

1. Biosecurity records available for inspection?	<input type="checkbox"/>
2. Has the manner and frequency of mortality removal, recording and safe disposal been considered?	<input type="checkbox"/>
3. Has the manner and period in which the APB will notify Scottish Ministers or veterinary professional of any <i>increased (unexplained)</i> mortality at the site been included?	<input type="checkbox"/>
4. Has the action that will be taken in the event that the presence or suspicion of the presence of a listed disease is detected been included and <i>how</i> and <i>when</i> that will be notified to Scottish Ministers?	<input type="checkbox"/>
5. Has the health status of aquaculture animals being stocked on the farm site been covered (equal or higher health status, certification if required)?	<input type="checkbox"/>
6. Have the husbandry and biosecurity measures implemented between each epidemiological unit to minimise transmission of disease been covered (movement of staff, visitors, equipment, live or dead fish etc.)?	<input type="checkbox"/>
7. Is documentation available regarding the measures in place to maintain the physical containment of aquaculture animals held on site?	<input type="checkbox"/>
8. Have the biosecurity procedures been adequately implemented on site?	<input type="checkbox"/>
If no, detail: <input type="text"/>	

Results of Surveillance

1. Has any animal health surveillance been carried out by, or on behalf of, the business?	<input type="checkbox"/>
2. If yes, are results available for inspection?	<input type="checkbox"/>
3. Any significant results?	<input type="checkbox"/>
If yes, detail (if not detailed under recent disease problems). <input type="text"/>	

Records checked between:	<input type="text" value="05/10/2021 - 04/10/2022"/>
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Case No: **2022-0467**

Date of visit: **04/10/2022**

Site No: **FS0398**

Inspector: **[REDACTED]**

Results Summary	Freq.	Date of Notification						
		Database	Insp	Phone	Insp	Writing	Insp	2 nd Insp

Report Summary			
Case Type	Date	Insp	2 nd Insp
MIX	18/10/2022		