

Case No: 2022-0567 Date of visit: 09/11/2022

Time spent on site: 1.5 Hours Main Inspector:

Site No: FS0264 Site Name: Inverpolly
Business No: FB0132 Business Name: Finfish Ltd

Case Types: 1 MIX 2 3 4 5 6

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

Observations: Region: HI Water type: F CoGP MA

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

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

Additional Case Information:

Site inspection and paper work conducted by [REDACTED], supervised by [REDACTED].

VMD feed mixing inspection conducted, no issues raised.

Case No: Site No:

Date of Visit: Inspector(s):

Registration/Authorisation Details

1. Business/site details summary checked by site representative?

2. Changes made to details?

Site Details (include cleaner fish for all sections)

Total No facilities	<input type="text"/>	Facilities stocked	<input type="text"/>	No facilities inspected	<input type="text"/>
Species	SAL				
Age group	2023				
No Fish	417,000				
Mean Fish Wt	80g				
Next Fallow Date (Site)	Nov / Dec 2022	Next Input Date (Site)	January 2023		
Recent (last 4 wks) disease problems?		Any escapes (since last visit)?			
If yes, detail: <input type="text"/>					

Movement Records

1. Movement records available for inspection?

2. Date of last inspection:

3. Are records complete and correctly entered?

4. Are movement records available for dead fish and waste?

5. Are records complete and correctly entered?

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="31/05/2021 - 09/11/2022"/>
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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	15/11/2022		