

CHECKLIST

GF	Grower	FR	Free Range
BL	Breeder Layers	H	Hatchery
BR	Breeder Replacement		

DP.1	GF, BL, BR, FR, H	Does the farm or hatchery present an acceptable and tidy appearance to the public?	Yes	No	
DPI.1	GF, BL, BR, FR, H	Do you have a farm locator reference, either an OS reference, or What3Words reference, on your farm map?	Yes	No	
DP.2	GF, BL, BR, FR, H	Have you considered and documented any risks that are uniquely specific to your site, in your contingency /emergency plan?	Yes	No	N/A
	FR	Does your AI contingency plan provide details of how to accommodate free range birds as housed without compromising their welfare?	Yes	No	
PL.3	GF, BL, BR, FR, H	Is implementation of refresher training (where required) recorded on training record?	Yes	No	N/A
PL.3.1	GF, BL, BR, FR, H	Are all staff enrolled to the Poultry Passport within six months of starting their position? If so, are they progressing through training at a rate of two modules every 12 months? Are all courses in date?	Yes	No	N/A
PL.4	GF, BL, BR, FR, H	Are labour providers used? Are they licensed, and do you have a documented agreement in place?	Yes	No	N/A
PL.5	GF, BL, BR, FR, H	Do you have a Health and Safety policy in place? Can you demonstrate that you have effectively communicated it to your workers?	Yes	No	
TI.1	GF, BL, FR, H	Can you demonstrate through on-farm paperwork that incoming poults/eggs are RTA? And that catching and transport is also RTA?	Yes	No	N/A
VC.1	GF, BL, BR, FR, H	Are you undertaking site surveys for vermin activity on at least a quarterly basis?	Yes	No	N/A
HF.5	GF, FR, BR, BL	Are you measuring and recording lighting intensity at bird eye level and illuminating at least 80% of the useable area at least once per crop? Do you have your lux reduction review in place if you need to lower the light levels below 10 lux?	Yes	No	
FW.3	GF, BL, BR, FR	If using nipple drinkers, are you providing the correct ratio to the number of birds at the right ages?	Yes	No	N/A
AH.1	GF, BL, BR, FR	Is your health plan prepared and reviewed by the vet that has overall responsibility for the care of the animals?	Yes	No	

AH.2	H	Are you recording daily culls in hatcheries?	Yes	No	
AH.4.1	GF, FR	Do you have one pecking object for every 500 birds?	Yes	No	
AH.10.3	BL	Do you have you flock Mycoplasma gallisepticum, Mycoplasma synoviae and Mycoplasma Meleagridis testing records? Are birds being tested at the prescribed intervals? Are these results being retained for five years and communicated to the hatchery?	Yes	No	
HC.2	H	Have you received the flock testing records of Mycoplasma gallisepticum, Mycoplasma synoviae and Mycoplasma Meleagridis from the breeder flocks for all incoming eggs? Do you have your Mycoplasma containment plan in place if setting of eggs from positive flocks is unavoidable?	Yes	No	
HC.12	H	Can all vehicles carrying poults and eggs control ventilation?	Yes	No	
BI.1	GF, BL, BR, FR, H	Do you have a farm or hatchery specific biosecurity policy and is it being implemented?	Yes	No	
BI.2	GF, BL, BR, FR, H	Have you updated your visitor records to ensure you are collecting all the required information?	Yes	No	
BI.3	FR	Is the range fence for fixed housing clearly defined?	Yes	No	
BI.4	GF, BL, BR, FR, H	Is there off-site parking for staff and visitors? If not, do you have facilities to wash and disinfect the wheels of all vehicles entering the general biosecure area?	Yes	No	
BI.10	GF, BL, BR, FR, H	Do you ensure that staff, including employed and contracted staff, do not keep poultry or any other avian species?	Yes	No	
BI.14	FR	Can you implement a compulsory housing order on the day of an issue?	Yes	No	
B.14.1 (Rec)	FR	Are you only rearing a single species at a time?	Yes	No	N/A
AM.1	GF, BL, BR, FR, H	Do you have an approved medicines list covering all categories listed in the standards?	Yes	No	
AM.2	GF, BL, BR, FR, H	Expired medicines and open medicines not used within specified timescale are not being used.	Yes	No	
AM.4	GF, BL, BR, FR, H	Medicines are not stored in the same fridge as food and drink. A temperature check is being carried out, and recorded, at least once a week whenever medicines are stored.	Yes	No	
AM.6	GF, BL, BR, FR, H	Are you keeping records of all administered veterinary medicines which include the length of withdrawal period for both meat and eggs (where applicable)?	Yes	No	
AM.7	GF, BL, BR, FR, H	Have you ensured that expired and unusable medicines awaiting disposal are stored separately to in-use medicines?	Yes	No	

AM.8.1	BL, BR	There is no prophylactic administration of antibiotics.	Yes	No	
AM.9.1	BL, BR	Use of macrolides and fluroquinolones are only used as a last resort.	Yes	No	
FS.2	GF, BL, BR, FR, H	Have you ensured that carcasses are stored in a locked container or locked room (a room must have four walls and a ceiling)?	Yes	No	
	H	Have you ensured that IMD and other hatchery waste is stored in locked containers or containers which are accessible only to removal services and not in general waste?	Yes	No	
EC.1	GF, BL, BR, FR, H	Can any pollutant spills be fully contained?	Yes	No	N/A
EC.1.1	GF, BL, BR, FR, H	Is your organic manure stored in a manner that minimises the risk of contamination and pollution?	Yes	No	N/A
EC.2	GF, BL, BR, FR, H	Are you aware of how to store any potential pollutants if their packaging breaks?	Yes	No	N/A
EC.4	GF, BL, BR, FR, H	Are your plant protection products appropriate for their intended use?	Yes	No	N/A
EC.4.1	GF, BL, BR, FR, H	Are your PPPs mixed/ handled in a manner that minimises the risk of contamination and pollution?	Yes	No	N/A
EC.5	GF, BL, BR, FR, H	Are you complying with any buffer zone requirements of the PPP being applied?	Yes	No	N/A
EC.7	GF, BL, BR, FR, H	Is all your PPP application equipment maintained and tested and do you have the relevant certificates and/or calibration records?	Yes	No	N/A
EC.8	GF, BL, BR, FR, H	Do your PPP application records include all of the relevant information?	Yes	No	N/A
EC.8.1	GF, BL, BR, FR, H	Do you have an Integrated Pest Management plan if using PPPs on homegrown crops?	Yes	No	N/A
EC.9	GF, BL, BR, FR, H	Are your biosolids assured under the Biosolids Assurance Scheme?	Yes	No	N/A
EC.10	GF, BL, BR, FR, H	Do you have the calibration records for your manufactured fertiliser application equipment?	Yes	No	N/A
EC.11	GF, BL, BR, FR, H	Do your waste transfer notes include the Waste Carrier name and registration number?	Yes	No	N/A
EC.12	GF, BL, BR, FR, H	Do you have systems in place to manage waste responsibly?	Yes	No	N/A
EC.11	GF, BL, BR, FR, H	Do your waste transfer notes include the Waste Carrier name and registration number?	Yes	No	N/A
EC.12	GF, BL, BR, FR, H	Do you have systems in place to manage waste responsibly?	Yes	No	