Chapter 3:
EMRS Investigation Module

The EMRS' Investigation Module consists of a set of electronic forms to use in documenting the various activities performed during routine FAD investigations or emergency outbreaks. You will learn how to complete these electronic forms in order to plan, perform, monitor, and report all aspects of disease control tracking during your investigation or outbreak.

This chapter covers data-entry procedures for all of the Investigation Module's forms.

- The Master Form, the Investigation Summary Form, is described first in Section 2.
- All other Investigation Module forms are considered follow-up forms to the Investigation Summary Form. These follow-up forms appear in alphabetical order in the remaining sections of this chapter.

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Section 1: Overview

1.1 Basic workflow of the EMRS Investigation Process

The EMRS Investigation Module is typically used in the following two animal disease scenarios:

In Routine Foreign Animal Disease (FAD) Investigations	A veterinarian is contacted to visit a premises to see if a disease is present there. If he determines that any disease found there may not be domestic, he notifies a Foreign Animal Disease Diagnostician (FADD). The FADD visits the premises to see if the premises or herd/flock is instead dealing with a foreign animal disease (FAD).	The EMRS Investigation Module is used to track, summarize, and report all the activities of the FAD investigation at that premises.	See **Steps A-M** below.
In animal disease outbreaks	If a domestic/FAD outbreak affects several premises or herds/flocks, an Incident Command may be set up to handle it. This is a temporary deployment of resources, equipment, and personnel at one or more specific locations within the United States. It can be set up to operate at national, regional, and/or local levels. The Incident Command's goals are: (1) stop an animal disease outbreak from spreading further, and (2) eliminate any disease threat.	The EMRS Investigation Module is used to track, summarize, and report all the activities of the outbreak at all of the affected premises.	See **Steps A-P** below.

A — Veterinarian alerts a local/regional Foreign Animal Disease Diagnostician (FADD) about a possible FAD on a premises.

B — Create or validate a Prem ID for this premises.

C — Start an *Investigation Summary Form* for this premises.

D — *Optional*: Assign a Case Coordinator to oversee the case activities done at this premises.

E — -- FADD team visits the premises, examines the suspected items/animals, and reports this data on *Herd/Flock Exam*, *Premises Visit Assignment*, *and Survey Forms*.
-- FADD Team also collects any needed samples and ships them to a processing laboratory. FADD Team reports this sample data on *Lab Submission* and *Sample Detail Forms*.

F — -- Processing laboratory tests the samples and reports their results on a *Test Result Form*.
-- FADD team then uses these results to make a diagnosis.

G — Diagnosis: Was the FAD found on this premises ?

YES → (to I)

NO ↓

H — -- The premises does not have this FAD.
-- No further action is needed.
-- All forms created for this premises' case are closed.
-- This case is ended.

I — FADD Team assigns disease, quarantine, and zone statuses to the premises, using the *Status Form*.

J — The FAD on the infected premises is treated and removed. These activities are reported on the *Appraisal Summary*, *Appraisal Detail*, *Cleaning & Disinfection Summary*, *Disposal Detail*, *Euthanasia Detail*, and/or *Euthanasia & Disposal Summary Forms*.

K — Do follow-up exams, sample collection, and testing on this premises to verify that the FAD has been eradicated.

L — Did the FAD leave this premises and go elsewhere ?

NO → **M** — -- The premises no longer has this FAD.
-- No further action is needed.
-- All forms created for this premises' case are closed.
-- This case is ended.

YES ↓

N — If the FAD has potentially spread to multiple premises or herds/flocks, the initial Routine FAD Investigation may need to be restructured as an Incident Command.

O — FADD Team visits other premises/businesses that are related, due to traces to the first infected premises. These activities are reported on the *Trace*, *Investigation Summary*, *Premises Visit*, *Survey*, *Surveillance*, and/or *Questionnaire Forms*.

P — For each additional premises that might have this FAD, repeat Steps B-O of this workflow.

1.2 EMRS Investigation Steps for a Routine FAD Investigation

Workflow #	Description Of Step	Form(s) Used for This Step
A	A veterinarian determines a potential FAD situation on a premises and contacts his/her FADD resource.	No EMRS forms are used
B	A Prem ID is created/validated for the suspect premises.	Investigation Summary Form (only if the NAIS Premises Allocator software program is also used to create/validate the Prem ID for the suspect premises)
C	An Investigation Summary Form is started.	Investigation Summary Form
D	*If applicable*: A Case Coordinator is assigned to oversee all case activities done on this premises.	Investigation Summary Form
E	A Herd/Flock Exam Form is started. On this form, the FADD Team is identified that will visit and investigate the suspect premises.	Herd/Flock Exam Form
E	FADD Team: • visits the premises and conducts an investigation. • reports its findings.	Herd/Flock Exam Form
E	FADD Team: • collects samples from the premises or herd/flock. • ships these samples to a processing laboratory to be tested. • documents the sample collection activities.	Lab Submission Form 10-4 Sample Detail Form
F	Processing laboratory: • tests the samples. • reports the test results.	Test Result Form
F	FADD Team uses the test results to make a diagnosis on whether a FAD has been found on the premises.	Status Form
G I, J, K, L, M H	Consultation by all parties (i.e., Case Coordinator, FADD Team, premises owner, animal owner, local authorities, etc.) to determine the deposition of this case. • *If positive*…Treat and remove the FAD from the premises. • *If negative*…Close this case.	 • Status Form and any of the following applicable forms: Appraisal Summary, Appraisal Detail, Cleaning & Disinfection Summary, Disposal Detail, Euthanasia Detail, Euthanasia & Disposal Summary • All forms created for this case are completed; and a Close Date is entered on the Investigation Summary Form (doing this requires a DRO role)

1.3 EMRS Investigation Steps for an Animal Disease Outbreak

Workflow #	Description Of Step	Form(s) Used for This Step
A	A veterinarian determines a potential FAD situation on a premises and contacts his/her FADD resource.	No EMRS forms are used
B	A Prem ID is created/validated for the suspect premises.	Investigation Summary Form (only if the NAIS Premises Allocator software program is also used to create/validate the Prem ID for the suspect premises)
C	An Investigation Summary Form is started.	Investigation Summary Form
D	*If applicable*: A Case Coordinator is assigned to oversee all case activities done on this premises.	Investigation Summary Form
E	A Herd/Flock Exam Form is started. On this form, the FADD Team is identified who will visit and investigate the suspect premises.	Herd/Flock Exam Form
E	FADD Team: • visits the premises and conducts an investigation. • reports its findings.	Herd/Flock Exam Form Premises Visit Assignment Form Survey Form
E	FADD Team: • collects samples from the premises or herd/flock. • ships these samples to a processing laboratory to be tested. • documents the sample collection activities.	Lab Submission Form 10-4 Sample Detail Form
F	Processing laboratory: • tests the samples. • reports the test results.	Test Result Form
F	FADD Team uses the test results to make a diagnosis on whether a FAD has been found on the premises.	Herd/Flock Exam Form Status Form
G I, J, K, L, M H	Consultation by all parties (i.e., Case Coordinator, FADD Team, premises owner, animal owner, local authorities, etc.) to determine the deposition of this case. • *If positive*…Treat and remove the FAD from the premises. • *If negative*…Close this case.	 • Status Form and any of the following applicable forms: Appraisal Summary, Appraisal Detail, Cleaning & Disinfection Summary, Disposal Detail, Euthanasia Detail, Euthanasia & Disposal Summary • All forms created for this case
N	If the FAD has potentially spread to multiple premises and/or herds/flocks, the initial infected premises' Routine FAD investigation may need to be restructured as an Incident Command.	Various electronic forms available in the EMRS Administration and Task Modules
O	Incident Command team(s) visit other premises that are related to the first infected premises to determine their potential exposure to the FAD.	Trace List Assignment Form Trace Form Premises Visit Assignment Form Survey Form Surveillance Form Questionnaire Herd/Flock Exam Form
P	For each additional premises that might have this FAD, repeat Steps B-O of this animal disease outbreak workflow.	Any applicable Investigation Module forms

Section 2: Master Form – Investigation Summary Form

Form's purpose:	-- Serves as the master document in the Investigation Module for a case. It displays the owner and premises information, the statuses of the various forms being used in the investigation process, and the stages of the investigation process that these forms are at.
	-- Used by the Disease Reporting Officer (DRO) to coordinate the investigation of a premises.
Pre-requisite(s):	Whenever possible, first use the separate National Animal Identification System (NAIS) Premises Allocator software program to validate a premises' address or to create/retrieve a *premises identification number* (hereafter called *Prem ID*) for the premises. After doing so, you can open a new Investigation Summary Form whose **Premises ID** and **Premises/Animal Location** address data fields will be auto-filled. (See **Method B** and **Method C** below for details.)
To access this form:	There are three primary ways to access this form:
	• Use **Method A** below if you do not have a complete address for the premises being investigated, or you do not have the appropriate EMRS permissions that enable you to create new *premises identification numbers* (hereafter called *Prem IDs*).
	• Use **Method B** below if you already have a complete premises address for the premises being investigated. This method utilizes a separate software program called the NAIS Premises Allocator.
	• Use **Method C** below if you already have a Prem ID for the premises being investigated. This method also utilizes the separate NAIS Premises Allocator software program.
	The procedures for these three methods appear directly beneath this table.

Accessing the Investigation Summary Form – Method A

1. On the Investigation Database – Main Menu screen, click on the following link: **Enter New Investigation Summary**

2. This opens a blank Investigation Summary Form, ready for your data-entry work.

3. You can now skip directly to the Data-Entry Procedure sub-section on Page 3-10.

Accessing the Investigation Summary Form – Method B

1. On the Investigation Database – Main Menu screen, find the following link:

   NAIS Premises Allocator: Address to PremID   PremId to Address

2. In this link, click on the **Address to PremID** option.

3. The NAIS Premises Allocator starts up its Prem ID Creation Wizard. The Wizard's first screen appears (shown below):

4. In the blank data fields, enter the address information for the premises that is being investigated. (At minimum, you must fill out the **Street Name** and **Zip** data fields.)

5. Click on [Validate Address] . The NAIS Premises Allocator then verifies your address information against several commercial postal, address verification, and mapping database programs.

6. The Wizard's next screen displays both the address you entered and its validated version (see below).

- [Get Premises ID]   Click, if this validated address is correct for the premises being investigated. Continue with Step 7 below.

- [Go Back and Enter New Address]   Click, if this validated address is not correct, or the address could not be validated. You return to the previous screen where you can re-enter the address.

    If you still cannot validate the address information you have, contact the APHIS Technical Assistance Center (ATAC) by phone at 1-877-944-8457.

7. The final screen of the Prem ID Creation Wizard program displays the validated address, any latitude/longitude information associated with the address, and the new or existing Prem ID for this premises. (In the example below, the existing Prem ID of **0032XZA** was retrieved.)

8. Click on [Create New Investigation Summary] to exit the Prem ID Creation Wizard program and return to the EMRS, where a new Investigation Summary Form automatically opens. Note that some of the validated Prem ID/address information has now been copied into this form.

9. Continue with the *Data-Entry Procedure* sub-section on Page 3-10.

Accessing the Investigation Summary Form – Method C

1. On the Investigation Database – Main Menu screen, find the following link:

NAIS Premises Allocator: Address to PremID   PremId to Address

2. In this link, click on the **PremID to Address** option.

3. The NAIS Premises Allocator displays the following screen:

4. In the blank data field, enter the Prem ID for the premises that is being investigated.

5. Click on [Submit PremID] .

6. The NAIS Premises Allocator displays a screen containing address, contact, and geocoding data that is associated with the Prem ID you entered (see below).

This premises ID **0032XZA** has an address of:

Premises Address:
4700 RIVER RD
RIVERDALE MD 20737-1228
County:

Contact Information:
Neil Hammerschmidt
4700 RIVER RD
RIVERDALE MD 20737-

Premises Geocode:
latitude: longitude:
geocode source:

[Create New Investigation Summary]   [Create New Investigation Summary with Contact Information]

[Go Back and Enter New Premises ID]

- [Create New Investigation Summary] Click, if the address information is correct, but the contact information is not. You exit the NAIS Premises Allocator application and return to the EMRS, where a new Investigation Summary Form automatically opens. (You can then update the contact information.) Note that some of the retrieved Prem ID/address information has now been copied into this form.

  Continue with the *Data-Entry Procedure* sub-section on Page 3-10.

- [Create New Investigation Summary with Contact Information] Click, if both the address information and contact information are correct. You exit the NAIS Premises Allocator application and return to the EMRS, where a new Investigation Summary Form automatically opens. Note that some of the retrieved Prem ID/address information has now been copied into this form.

  Continue with the *Data-Entry Procedure* sub-section on Page 3-10.

- [Go Back and Enter New Premises ID] Click, if the address information is not correct. You return to the previous screen where you can re-enter the Prem ID.

  If you still cannot retrieve the address information for your premises ID, contact the APHIS Technical Assistance Center (ATAC) by phone at 1-877-944-8457.

Data-Entry Procedure

Note: After opening this form, you have just ten minutes to complete certain required data fields (marked with a *) and save the form. Otherwise, the EMRS will disconnect you from the network – you will need to log back into the EMRS application again and start over again with a new, blank form.

① You should have a blank Investigation Summary Form displayed onscreen (see below).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

See Step ②

See Step ③

Investigation Reasons / Details

Initiation reason * `<SELECT>`   Species Initiating Investigation `[            ]`

Priority of Investigation `High`

Purpose of Animals ②
- **Bait**
- **Breeding Stock**
- **Breeding Stock – Broilers**
- **Breeding Stock – Eggs**

Estimated Total # of Above Animals `[      ]`

Reason Details / Initial Phone Interview
`[                              ]`

See Step ④

Investigation Reasons / Details

Animal Owner Information - if multiple owners, list in comments

🖹 **Copy from Animal Location**

② **Animal Owner**

Last Name * `[          ]`   **First Name *** `[          ]`   MI `[  ]`

Company Name* `[          ]`   **Org Assoc** `[          ]`

Home Phone `[      ]`   Fax Number `[      ]`

Cell Phone: `[      ]`   Pager `[      ]`

Work Phone `[      ]`

Physical Address `[      ]`   Address2 `[      ]`

City `[      ]`   **State *** `<SELECT>`

Zip `[      ]`   County `[  ]`

Latitude: `[      ]`   Longitude `[      ]`

Comments about Animal Owner and/or Directions to Owner's Address
`[                              ]`

See Step ⑤

Animal Owner Information

Case Coordinator

Case Coordinator* `[          ]` ②

Select Coordinator here `[  ]`

Date Assigned * `[      ]`   Employee ID `[      ]`

Work Phone `[      ]`   Pager `[      ]`

Fax `[      ]`

Cell Phone `[      ]`   E-Mail `[      ]`

Headline(s) - DROs only
(Choose more than one by holding down the Ctrl key)
- **Endangered Species**
- **Sensitive Cases/Issues**
- **Warrant Executed - IES Action**

See Step ⑥

Case Coordinator

Assigned Property

See Step ⑧

Trace Forms

List assignments	**No documents found**
Number initiated	**No documents found**
Number transferred in	**No documents found**

See Step ⑨

Follow-up Forms

No documents found

See Step ⑩

Current Status

Premises Status:**Undetermined**   Quarantine Status:**Not Quarantined**   Zone Status:**Free Zone**

See Step ⑪

Status Forms

See Step ⑫

Movement Controls Applied

See Step ⑬

Movement Permit Forms

Permits with premises as Source:

Permits with premises as Destination:

See Step ⑭

Disease Control Closing Summary

Disease Control Close Date *

Today   Calendar

Last Diagnosis   **None**
Reason for Closing *

See Step ⑮

File Attachments

File Upload		Browse...
File Upload		Browse...
File Upload		Browse...

See Step ⑯

Document Management

Document Type	**Investigation Summary**
Document Editors	
Document Creator	**Susan Johnston**
Document Creation Date	**08/15/2008**

See Step ⑱

Ass Prop

Trace

Follow-Up

Curr

Status

Move Controls

Move Permits

Disease Closing

File Attach

Doc Mgmt

② **Summary Section** – Complete this section according to the guidelines below.

* Required field

Investigation Summary Form	
Summary Section	
Data Field	**Description**
Access Group ∗	-- Determines who will be able to view this Investigation Summary and all of its follow-up forms. -- Usually based on the State in which the investigation/Incident Command is headquartered, and will include members of the group who have been determined to have a need to know. Use this data field's LOV to make a selection.
Incident Name	Name of the overall Incident (Category or Event) for this Investigation. -- *For a routine FAD investigation*, the FAD database has only one incident called "FAD Investigations". -- For a *tracing or outbreak situation* (such as Brucellosis Tracing or Tuberculosis Outbreak), its database will usually have multiple incidents to choose from. *Note*: If you do not know which incident your investigation is associated with, contact EMRS Support. Use this data field's LOV to make a selection.
Incident Site ∗	-- State or geographic location where the investigation/Incident Command is headquartered, or where data for the investigation/Incident Command is being managed. -- Routine FAD and Tracing databases usually have only one location per state. May be auto-filled according to the value you specified in the **Access Group** data field. To change this value, use the LOV.
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Manually create and enter this number, using the following format: - The first two digits represent the year in which the investigation occurs. - The next two characters represent the State in which the primary premises being investigated is located. - The last four digits indicate the number of the investigation during the current year. *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID Number	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Form Status	Current status of this Investigation Summary Form. The choices are: | PENDING	Created, but no Case Coordinator assigned yet.
ASSIGNED	Created, and a Case Coordinator has been assigned.
COMPLETED	- All follow-up forms have been completed. - The **Disease Control Close Date** has been entered on the Investigation Summary Form. - The **Reason for Closing** has been entered on the Investigation Summary Form.	

Investigation Summary Form	
Summary Section	**continued**
Data Field	**Description**
Premises Status	Current Disease Status of the premises that is being investigated. Only one Premises Status can be open at a time. These status types usually have one or more status definitions added, to further define the status. The most common choices are:

Status Type	Description
Adjacent	The premise shares a common boundary, border, or fence with a Diagnosis Positive premises.
Dangerous Contact	The premises has a direct epidemiological link to another premises that already meets the Case Definition for the disease being investigated.
Diagnosis Negative	The premises is currently considered to not be infected according to the Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Diagnosis Positive	The premises is currently considered to be infected for the listed disease and the defined Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Undetermined	Default. The premises is assigned this status either because no activities have occurred to determine a status, or because all open statuses have expired and been closed.
Voluntary Depopulation	The premises had all of its animals removed, so no current diagnosis applies to it.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *disease* Status Forms, this data field's default value = **Undetermined**.

Quarantine Status	Current Quarantine Status of the premises that is being investigated. Are either open or closed, one at a time. These status types are self-explanatory, may have an added qualifier if they apply to individual animals, and usually do not have any added status definitions. The most common choices are:

Status Type	Description
Hold	The premises or certain animals are currently under a verbal or written Hold Order.
Individual Animal	An individual animal has been quarantined, but not the entire premises.
Not Quarantined	Default. The premises or animals on it are currently not under a Quarantine Order.
Quarantined	The premises or certain animals are under a written Quarantine Order as a result of a disease investigation.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *quarantine* Status Forms, this data field's default value = **Not Quarantined**.

Zone Status	Current Zone Status of the premises that is being investigated. These status types are self-explanatory and usually do not have any added status definitions. The most common choices are:

Status Type	Description
Buffer Zone	The premises resides in a buffer zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Free Zone	Default. The premises resides outside of any disease zones.
Infected Zone	The premises resides in the infected zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Surveillance Zone	The premises resides in the surveillance zone.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *zone* Status Forms, this data field's default value = **Free Zone**.

3 **Premises/Animal Location Section** – Complete this section according to the guidelines below:

* Required field

Investigation Summary Form	
Premises/Animal Location Section	
Data Field	**Description**
Prem ID ∗	Unique identification number assigned to the premises being investigated.
Premises Operation Type ∗	Primary operation/service/business that is actively being conducted on the premises.
	If you select **Other**, also enter additional details in the **Please specify** data field.
Primary Species on Premises	Species to which the majority of the animals on the premises belong.
	Use this data field's LOV to make a selection.
Purpose of Animals	Business or personal reason why the animals are bred and/or raised on the premises.
	Use this data field's LOV to select one or more purposes. (To select multiple purposes, hold down the CTRL key and highlight each purpose with the left mouse button.)
Estimated Total # of Primary Species	Total number of animals on the premises that belong to the primary species group.
Prem Owner Last Name ∗	Last name of the individual who owns the premises that is being investigated.
	Note: You must complete this data field if the **Prem Name** data field is left blank.
Prem Owner First Name ∗	First name of this premises owner.
	Note: You must complete this data field if the **Prem Name** data field is left blank.
Prem Owner MI	Middle initial of this premises owner.
Prem Name ∗	Business name of the premises that is managed or owned by this premises owner.
	Note: You must complete this data field if the **Prem Owner Last Name** and **Prem Owner First Name** data fields are left blank.
Organization Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.
Home Phone	Telephone number for the residence where this premises owner lives.
Fax Number	Fax machine used by this premises owner.
Cell Phone	Telephone number for a cell phone associated with this premises owner.
Pager	Number for a pager associated with this premises owner.
Work Phone	Telephone number for this premises owner's business.
Phys Prem Address	Primary address information for this owner's premises.
Address2	Secondary address information for this owner's premises.
City	Name of the city in which this owner's premises is located.
State ∗	State in which this owner's premises is located.
Zip	Zip code of this owner's premises.
County	County in which this owner's premises is located.
	Use this data field's LOV to make a selection. The choices are State-specific.
Front Gate Latitude (in decimal degrees)	Positive number that represents the North-South coordinates for the front entrance to a premises.
	Enter as decimal degrees, using the following format: *nn.nnnnnn*
	Example: `48.552000`
Front Gate Longitude (in decimal degrees)	Negative number that represents the East-West coordinates for the front entrance to a premises.
	Enter as decimal degrees, using the following format and including a minus sign: *-nnn.nnnnnn*
	Example: `-104.552000`

Investigation Summary Form	
Premises/Animal Location Section	**continued**
Data Field	**Description**
Source	Method used to determine the **Front Gate Latitude/Longitude** coordinates. Use this data field's LOV to make a selection. The choices are:

	GPS Handheld	Use of a handheld receiver with the Global Positioning System.
	Digital Atlas (Street Atlas)	Use of a commercial mapping software program. *Example*: DeLorme's Street Atlas USA 2008
	Internet Lookup	Use of an Internet-accessible geographic information system (GIS) or mapping software program. *Examples*: ESRI's Arc Explorer, ESRI's Service Object's DOTS Address Geocode-US, etc.
	State Data Import	GPS coordinates imported along with premises data from a State's database.

Data Field	**Description**
Collected By (Last, First)	Last and first name of the individual who determined the **Front Gate Latitude/Longitude** measurements.
Comments about Front Gate coordinates	Additional description about the front gate entrance to this premises, such as shared entrances between multiple owners or unusual factors that affect the coordinate measurements.
Click here to display Geocode values	If the Investigation has been created thru the NAIS Premises Allocator software program, then the premises' Latitude/Longitude coordinates are based on geocoded values and are populated here. You can compare these geocoded values with Front Gate coordinates collected thru other methods in order to improve data quality and to flag large variances that may indicate data-entry errors by doing the following: 1. Select the **Click here to display Geocode values** link to view geocoded values. 2. If you have the Geocode role associated with your EMRS user profile, you can override the default of using Front Gate coordinates and send geocoded values instead to the EMRS's Mapping Module (if these latter values appear more correct). To specify this override, check the box next to **Yes**. 3. In the view-only **GeoCoded** row, the **Latitude**, **Longitude**, **Source**, and **Match Code** values will be auto-filled if the NAIS Premises Allocator has geocoded the premises' address. These values are described below:

	Latitude	Non-editable positive number that represents the North-South coordinates of a premises.
	Longitude	Non-editable negative number that represents the East-West coordinates of a premises.
	Source	System product used for geocoding operation.
	Match Code	Accuracy of Match Obtained- 1 –B

4. In the **Mapping-Lat/Long Geocoding** data field, use the LOV to make a selection.

	Needed	Default. Indicates that no geocoding was done previously, so there were no geocoded Lat/Long values for the NAIS Premises Allocator software program to retrieve. Investigation now requires this premises to be geocoded.
	Not Needed	No geocoding is needed for this premises (for any number of reasons).
	ReGeocode	Geocoding needs to be redone for this premises (i.e., as in the case of an address change).
	Not Geocodable	For any number of reasons (lack of equipment, lack of satellite access, lack of personnel available to do field verification, etc.), this premises cannot be geocoded.
	Do Not Geocode	Mandatory orders not to geocode this premises.
	Field Verification Needed	Need to use mobile devices at the premises' location to verify its geocoded Lat/Long values.
	Field Verification Done	Finished using mobile devices at the premises' location to verify its geocoded Lat/Long values. Now need to submit these values so that the NAIS Premises Allocator software program can pick them up and use them.

Data Field	**Description**
Comments about Animal Location…	Optional information concerning the premises, animal locations on it, and traveling directions to them.

Investigation Summary Form	
Premises/Animal Location Section	continued
Data Field	**Description**
Primary contact person	Individual to contact for questions about the premises and any animals located there. Use this data field's LOV to make a selection. The choices are:

Animal Location	The person listed as the Premises Owner.
Animal Owner	The person listed as the Animal Owner.
Other	Primary contact person who does not reside or work at the physical location where the animals are. Nor does this person own the animals. A set of blank data fields appears. Complete as many of these as possible to identify this individual.

4 **Investigation Reasons/Details Section** – Complete this section according to the guidelines below:

∗ Required field

Investigation Summary Form	
Investigation Reasons/Details Section	
Data Field	**Description**
Initiation Reason ∗	Justification for starting this particular investigation. Use this data field's LOV to make a selection. The choices are:

Backyard Surveillance	For surveillance of backyard flocks.
Commercial Buffer Surveillance	For surveillance around commercial operations.
Complaint	A producer or other individual has reported a suspected disease condition.
Movement Permit	For creating an investigation as part of a Movement Permit approval process.
Pet Rescue	For tracking animal rescue efforts during disasters.
Repopulated	For identifying a premises that was depopulated and closed out during disease outbreaks and which has now been repopulated.
Surveillance	For general surveillance activities.
Trace	For initiating an investigation as a result of tracing animals from an infected premises.
Vaccination	For tracking premises that are vaccinated during disease outbreaks.

Data Field	Description
Species Initiating Investigation	Species of the animals being investigated. Use this data field's LOV to make a selection.
Priority of Investigation	Urgency level of this investigation. Use this data field's LOV to make a selection. The choices are:

High	Needs to be done as soon as possible (ASAP) in less than 12 hours.
Medium	Important, but can take up to 24-36 hours to complete.
Low	Will be done after all High-priority and Medium-priority investigations are completed.

Data Field	Description
Purpose of Animals	Business or personal reason why the animals are being bred/raised on the premises. Use this data field's LOV to select one or more purposes. (To select multiple purposes, hold down the CTRL key and highlight each purpose with the left mouse button.)
Estimated Total # of Above Animals	Total number of animals identified in the **Species Initiating Investigation** and **Purpose of Animals** data fields.
Reason Details / Initial Phone Interview	Optional comments written by the Investigator. *Examples*: -- An explanation regarding the **Initiation Reason** that was selected. -- A summary of the initial phone interview conducted by the Investigator with the Premises/Animal Owner.

⑤ Animal Owner Information Section – Fill out this section using either *Method A* or *Method B* below:

- *Method A*…If the animal owner is the same individual as the owner of the premises/animal location, click once on the <u>**Copy from Animal Location**</u> link. Doing so copies the data from this form's Premises/Animal Location Section into the Animal Owner Information section.

- *Method B*…Complete each data field manually, according to the guidelines below:

Note: Currently, the EMRS allows you to enter the details for only one Animal Owner or Business into the data fields in this section. However, you can enter details for multiple owners or businesses in the **Comments** data field.

* Required field

Investigation Summary Form	
Animal Owner Information Section	
Data Field	**Description**
Animal Owner Last Name ∗	Last name of the owner of the animals being investigated.
Animal Owner First Name ∗	First name of this animal owner.
Animal Owner MI	Middle initial of this animal owner.
Company Name ∗	Name of a business that this animal owner manages or owns.
Org Assoc	Name of a local/regional/national business, cooperative, or organization that this animal owner is affiliated with. *Examples*: a chicken producer is affiliated with a large poultry company; a rancher is affiliated with a local cooperative for cattle.
Home Phone	Telephone number for the residence where this animal owner lives.
Fax Number	Fax machine used by this animal owner.
Cell Phone	Telephone number for a cell phone associated with this animal owner.
Pager	Number for a pager associated with this animal owner.
Work Phone	Telephone number for this animal owner's business.
Physical Address	Primary address information for this animal owner's business or residence.
Address2	Secondary address information for this animal owner's business/residence.
City	Name of the city in which this animal owner's business/residence is located.
State ∗	State in which this animal owner's business/residence is located.
Zip	Zip code for this animal owner's business/residence.
County	County in which this animal owner's business/residence is located.
Latitude	Positive number that represents the North-South coordinates for the front entrance to this animal owner's business/ residence (if known). Enter as decimal degrees, using the following format: *nn.nnnnnn* Example: `48.552000`
Longitude	Negative number that represents the East-West coordinates for the front entrance to this animal owner's business/residence (if known). Enter as decimal degrees, using the following format and including a minus sign: *-nnn.nnnnnn* Example: `–104.552000`
Comments about Animal Owner…	Additional information about this animal owner or traveling directions to his/her business/residence.

6 **Case Coordinator Section** – Complete this section according to the guidelines below:

* Required field

Investigation Summary Form	
Case Coordinator Section	
Data Field	**Description**
Case Coordinator ∗	Last and first name of the individual who will serve in this position. This individual can be the Area Epidemiologist, or another person assigned to oversee the entire investigation if multiple investigators are involved. 1. Start typing the name in the data field next to the **Case Coordinator** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Date Assigned ∗	Date on which the investigation case was assigned to the Case Coordinator. There are two ways to enter this date: • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Work Phone	Business telephone number associated with the Case Coordinator. May be auto-filled with data from this individual's Profile Record. You can edit this data field, if needed.
Pager	Number for a pager associated with the Case Coordinator. May be auto-filled with data from this individual's Profile Record. You can edit this data field, if needed.
Fax	Fax machine used by the Case Coordinator. May be auto-filled with data from this individual's Profile Record. You can edit this data field, if needed.
Cell Phone	Telephone number for a cell phone associated with the Case Coordinator. May be auto-filled with data from this individual's Profile Record. You can edit this data field, if needed.
E-Mail	E-mail address associated with the Case Coordinator. May be auto-filled with data from this individual's Profile Record. You can edit this data field, if needed.
Headline(s)	Warning message that will be displayed as a banner in the top section of the Investigation Summary Form. This message alerts viewers to any special circumstances concerning the premises being investigated. Only the Disease Reporting Officer (DRO) for the investigation can access this data field. (To select multiple headlines, hold down the CTRL key and highlight each headline with the left mouse button.)

7 After you have entered your data for Steps 1-6 into this form, click on SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

8 **Assigned Property Section** (view-only) – Is auto-filled whenever property is assigned to a premises thru the EMRS' Administration Module.

* Required field

Investigation Summary Form	
Assigned Property Section	
Data Field	**Description**
Date Assigned	Date on which a property item (see *Examples* below) is signed out from an investigation/task force's inventory and loaned to a premises for performing investigation-related activities. *Examples*: loading and/or squeeze chutes, trailer, power washer, water tank, hand sprayer, GPS Unit, hand tools, etc.
Date Returned	Date on which the premises returns a property item back to the investigation/task force's inventory.
Description of Property	Textual description about this property item.

(9) **Trace Forms Section** (view-only) – Is auto-filled with a list of **Trace** and **Trace List Assignment Forms** that have been either started or completed.

* Required field

Investigation Summary Form	
Trace Forms Section	
Data Field	**Description**
List Assignments	List of Trace List Assignments (Premises Visits) for the purpose of gathering trace information from the premises owner that can be used to develop individual trace documents for animals, persons, or items that may need to be traced. This is only used when a new infected premises triggers the need to assign a person to this activity. Subsequent trace-forward and trace-back activities are all tracked using the individual Trace Forms. *Optional*: To open and view an existing Trace List Assignment Form, click on its underlined date link.
Number Initiated	Total number of individual Trace Forms that have been started initially on this premises for the purpose of tracing animals, people, or items that have moved on or off the premises.
Number transferred in	Total number of traces that have been transferred to this premises from another premises in response to the movement of animals, people, or items onto this premises. *Optional: To open and view an existing Trace Form,* 1. Click on **View Traces**. 2. A list of Trace Forms associated with this premises will appear. 3. In this list, under the **Traces Initiated** column, click on the underlined Trace ID value.

(10) **Follow-up Forms Section** (view-only) – Is auto-filled with a list of follow-up forms that are associated with this Investigation Summary Form. A follow-up form will appear in this section after it has been started and saved for the first time. Next to each form's name are displayed its status, visit reason, and activity dates.

Optional: Click on the underlined name of a form to open, view, and edit it (in some cases).

(11) **Current Status Section** (view-only) – Is auto-filled with the current Premises, Quarantine, and Zone Statuses for the premises being documented on this Investigation Summary Form. These three status values are also repeated in the Header/Prem Info sections of all Investigation Module forms for quick reference.

* Required field

Investigation Summary Form	
Current Status Section	
Data Field	**Description**
Premises Status	Current disease status of the premises that is being investigated. Only one Premises Status can be open at a time. The most common choices are:

Status Type	Description
Adjacent	The premise shares a common boundary, border, or fence with a Diagnosis Positive premises.
Dangerous Contact	The premises has a direct epidemiological link to another premises that already meets the Case Definition for the disease being investigated.
Diagnosis Negative	The premises is currently considered to not be infected according to the Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Diagnosis Positive	The premises is currently considered to be infected for the listed disease and the defined Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Undetermined	Default. The premises is assigned this status either because no activities have occurred to determine a status, or because all open statuses have expired and been closed.
Voluntary Depopulation	The premises had all of its animals removed, so no current diagnosis applies to it.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *disease* Status Forms, this data field's default value = **Undetermined**.

Investigation Summary Form	
Current Status Section	**continued**
Data Field	**Description**
Quarantine Status	Current quarantine status of the premises that is being investigated. Can be either open or closed, one at a time. The most common choices are:

Status Type	Description
Hold	The premises and/or certain animals are currently under a verbal or written Hold Order.
Individual Animal	An individual animal has been quarantined, but not the entire premises.
Not Quarantined	Default. The premises or animals on it are currently not under a Quarantine Order.
Quarantined	The premises or certain animals are under a written Quarantine Order as a result of a disease investigation.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *quarantine* Status Forms, this data field's default value = **Not Quarantined**.

Zone Status	Current zone status of the premises that is being investigated.

Note: Not all investigations/Incident Commands use this Zone Status feature.

The most common choices are:

Status Type	Description
Buffer Zone	The premises resides in a buffer zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Free Zone	Default. The premises resides outside of any disease zones.
Infected Zone	The premises resides in the infected zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Surveillance Zone	The premises resides in the surveillance zone.

Auto-filled according to any open Status Forms associated with this premises' case. If there are no open *zone* Status Forms, this data field's default value = **Free Zone**.

12 **Status Forms Section** (view-only) – Is auto-filled with a list of all open and closed Status Forms that have been created for this premises' investigation. Also displays Informational Statuses that are used to flag premises for activities such as Barrel /Dead Bird Surveillance. Below is a screenshot of how the list typically appears in this section:

Status Forms				
Status Type	Start Date	Status Def / Reason	Created By	End Date
Diagnosis Negative	06/30/2008	FAD Negative, undetermined diagnosis for a domestic disease	Susan Johnston	
Buffer Zone	07/08/2008	Premises resides in the buffer zone	Susan Johnston	

Investigation Summary Form	
Status Forms Section	
Data Field	**Description**
Status Type	A disease-related status that is assigned to a premises.
Start Date	Date on which a **Status Type** is placed on a premises or investigation.
Status Def / Reason	Detailed criteria that must be met by a premises in order to be assigned a Status Type.
Created By	(View-only) – Name of the individual who created/edited the Status Form.
End Date	Date on which a premises no longer meets the criteria for its current **Status Type**. -- The current **Status Type** is given an End Date to close it. -- The premises then may be given a new **Status Type**, or may revert to the defaults.

13 **Movement Controls Applied Section** – In this text field, enter any restrictions on animal movements into or out of this premises.

Example: `Animals moving from this premises should have a negative test and a permit from the State Veterinarians Office.`

14 **Movement Permit Forms Section** (view-only) – Is auto-filled with a list of Permit for Movement 1-27 Forms that are associated with this Investigation Summary Form.

* Required field

Investigation Summary Form	
Movement Permit Forms Section	
Data Field	**Description**
Permits with premises as Source	List of Permits for Movement 1-27 Forms in which the premises whose animals are being investigated are the source premises for these animals. *Optional*: To open and view an existing Permit for Movement 1-27 Form, click on its underlined link.
Permits with premises as Destination	List of Permits for Movement 1-27 Forms in which the premises whose animals are being investigated are the destination premises for these animals. *Optional*: To open and view an existing Permit for Movement 1-27 Form, click on its underlined link.

15 **Disease Control Closing Summary Section** – Complete this section according to the guidelines below:

* Required field

Investigation Summary Form	
Disease Control Closing Summary Section	
Data Field	**Description**
Disease Control Close Date ∗	Date on which the investigation is completed. There are three ways to enter this date: • Click on the Today icon ( ) to enter the current date. • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Last Diagnosis	The previous current Diagnosis. The current Premises Diagnosis status will revert to **Undetermined**.
Reason for Closing ∗	Justification for closing and completing this investigation. The choices in the LOV will vary according to the investigation, but the most common values are: **Diagnosis Negative** — No disease found. **E&D / C&D Complete** — Disease found. Euthanasia & Disposal (**E&D**) and Cleaning & Disinfection (**C&D**) activities were completed. The premises is no longer a disease threat. **Low Risk** — Determination was made that the risk of disease was low and that no further investigation is needed.

16 **File Attachments Section** – Use to associate other documents with the Investigation Summary Form.
Examples of such attachments can be: final premises-visit reports from investigators, records that are associated with the entire Investigation, drawings, photographs of the premises that were visited, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on ⌈ Browse… ⌉ .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

17   **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

18   **Document Management Section** (view-only) – Displays information about the persons who created/edited this form

19   After you have entered all of your data into this form, click on   🔖 **Save** .

The form refreshes and displays the data you just entered.

Investigation Summary Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

Edit	Click, to re-open this form in data-entry mode. After making your changes, click on 🔖 **Save** .
Follow-up Forms	Click, to display a pop-up box of new, blank Follow-Up forms.
Internet Maps	Click, to see a pop-up window containing several Internet-based tools for generating a map of the premises or animal location that is documented in this Investigation Summary Form. The tool choices are: MapQuest, Google Maps, and Yahoo Maps. Click on the tool and location type you want. A secondary window appears with either the requested map or a hyperlink.
Mail It	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Investigation Summary Form and is ready for you to email to the recipients you select from your Address Book. *Note*: In the FAD database, an automatic email is generated to certain groups in Emergency Management and the Regions. This **Mail It** feature gives you the option of notifying other individuals who are not in these automatically-notified groups.
Request Deletion	Click, to submit a request to delete this form and all descendent documents created from it.
Delete Doc	Click, to permanently delete this form and all descendent documents created from it.

- Use the **WelcomePage -> Investigation Summary** breadcrumb trail to navigate back to the Investigation Database Main Menu (Welcome Page).

- Use the **Prem Info** | **Reason** | **Referring** | **Anim Own Info** | **Case Coord** | **Followup Forms** | **Close** | **Attachments** | **All Sections** Navigation Bar to navigate within the Investigation Summary Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Investigations**.

  b. In the View data field, select a format for this report.

  c. Click on the 🔄 symbol to generate this report.

Investigations ▾	Category
All Assign by Person-Open Inves Only ▾	View 🔄 ❓

  All Assign by Person-Open Inves Only
  All Form Statuses
  Cum Pos & Dangerous Contact Premises
  Inves by State & County-Open Inves Only
  Inves by Creation Date-Open Inves Only
  Premises Date History-Open Inves Only
  All Inves with Locations-Open Inves Only
  Consolidated Comments for Comparison

Section 3: Appraisal Detail Form

Form's purpose:	-- Records the quantity of species/animal groups/materials that will be purchased by Federal/State agencies for subsequent destruction. -- Lists the indemnity values authorized by Federal/State agencies to be paid for each destroyed animal/unit, any salvage values received, and the difference between "payment to" and "losses to" the owner of the destroyed animals/units. *Note*: Each detail is equivalent to what was captured on one line of the VS 1-23A paper form. An individual detail can represent one animal that was appraised as an individual, or a group of similar animals which were appraised at the same value.
Pre-requisite(s):	Create this form *only after* you have already completed the Appraisal Summary Form.
To access this form:	An Appraisal Detail Form is created from within the Appraisal Summary Form to which the detail form belongs: 1. You must currently be in the Appraisal Summary Form that you are creating a line item detail for. 2. Click on APPRAISAL DETAIL . 3. A blank Appraisal Detail Form opens. Use this form to create a detailed record for the line item detail.

Data-Entry Procedure

1 You should have a blank Appraisal Detail Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

APPRAISAL DETAIL FORM   Incident: **Training**   Incident Site: **Colorado**

▼ **Hide Prem Info**

Referral Control Number	**07020712491910**	**Prem ID**	**CO7755**
Local ID	**CO555**	Prem Name	**Foothills Llamas Ranch**
		Prem Owner	**Johnston, Sue**
Case Classification		Prem Address	**1906 Blake Ave.**
			Glenwood Springs CO,
		Prem County	**Larimer**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info

See Step ②

Appraisal Information

Appraisal Officer Assigned:	**Pleasant, Geoffrey C (Veterinary Program Assistant Oa -)** Date Assigned **05/10/2008**
Animals or Materials *	
Species *	⊗ **Lookup Appraisal Category**
Category: (Bulls, feeders, etc)	
Unit:	
Appraised Value/Unit *	$
Number of Units *	
Total Appraised Value:	$ 0.00
Salvage Value per unit (VS 1-24)	$ Difference $ 0.00
Federal Indemnity per unit *	$ State Indemnity per unit $
Total Indemnity Due	$ 0.00 Profit or Loss $

See Step ③ — *Appraisal Information*

File Attachments

File Upload		Browse...
File Upload		Browse...
File Upload		Browse...

See Step ④ — *File Attach*

Document Management

Document Type	**Appraisal Detail Form**
Document Editors	**EMRS Agent Signer/APHIS/USDA, Susan Johnston/CO/APHIS/USDA**
Document Creator	**Susan Johnston**
Document Creation Date	**05/13/2008**

See Step ⑤ — *Doc Mgmt*

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

   * Required field

Appraisal Detail Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Manually create and enter this number, using the following format: - The first two digits represent the year in which the investigation occurs. - The next two characters represent the State in which the primary premises being investigated is located. - The last four digits indicate the number of the investigation during the current year. *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Appraisal Detail Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises that is managed or owned by this premises owner.
Prem Owner	Name of the individual who owns the premises that is being investigated.
Prem Address	Primary street address of this premises.

Appraisal Detail Form	
Prem Info Section	**continued**
Data Field	**Description**
Prem County	County in which the premises is located.
Operation Type	Primary operation/service/business that is actively being conducted on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Appraisal Information Section** – Complete this section according to the guidelines below:

* Required field

Appraisal Detail Form	
Appraisal Information Section	
Data Field	**Description**
Appraisal Officer Assigned	Name of the Appraisal Officer. Auto-filled with data from the Appraisal Summary Form that was completed earlier.
Date Assigned	Date on which the Appraisal Officer was assigned to do this appraisal. Auto-filled with data from the Appraisal Summary Form that was completed earlier.
Animals or Materials ∗	Animal or item being appraised. 1. Click on the Lookup Appraisal Category link ( ) to display a pop-up window. 2. In this window, click once on the arrow (▶) next to an item displayed in the **Appraisal Type** column. The choices are: **Animals**, **Bedding**, **Feed**, and **Materials**. 3. The list expands to display any applicable **Species** sub-values. Click on ▶ next to your choice. 4. The list expands to display any applicable **Category** sub-values. Click on ▶ next to your choice. 5. The pop-up window closes. 6. In the Appraisal Information Section, several data fields (**Animals or Materials**, **Species**, **Category**, **Unit,** and **Appraised Value/Unit**) are now auto-filled.
Species ∗	If the item to be destroyed is animals, the species to which they belong. May be auto-filled, based on the value entered in the **Animals or Materials** data field.
Category	If the item to be destroyed is animals, the gender/purpose to which they belong. May be auto-filled, based on the value entered in the **Animals or Materials** data field.
Unit	Type of unit in the animal/item group to be destroyed. May be auto-filled, based on the value entered in the **Animals or Materials** data field.
Appraised Value/ Unit ∗	Appraisal value of each unit in the animal/item group. May be auto-filled, based on the value entered in the **Animals or Materials** data field. *Note*: Any auto-filled values are just suggestions. You can change these suggested values to the actual values entered by the appraiser on the VS 1-23 paper form.
Number of Units ∗	Number of units in the animal/item group OR the weight of the item group. Manually enter this value. Then press TAB to auto-fill the **Total Appraised Value**, **Difference**, and **Profit or Loss** data fields.
Total Appraised Value	Total appraised value (in U.S. Dollars) of all the destroyed units. Auto-filled with the value calculated by this equation: (Appraised Value/Unit) X (Number of Units)
Salvage Value per unit (VS 1-24)	Amount (in U.S. Dollars) for salvage for each animal/item unit. (This information can be found on the VS 1-24 paper form.) Manually enter this value. Then press TAB to adjust the amounts in the **Difference** and **Profit or Loss** data fields.
Difference	Total amount (in U.S. Dollars) of the difference between the salvage value and the appraised value for all of the destroyed units. Auto-filled with the value calculated by this equation: [(Salvage Value per unit) - (Appraised Value/Unit)] X (Number of Units)

Appraisal Detail Form	
Appraisal Information Section	**continued**
Data Field	**Description**
Federal Indemnity per unit	Amount (in U.S. Dollars) to be paid by a Federal Agency. Manually enter this value. Then press TAB to adjust the amounts in the **Total Indemnity Due** and **Profit or Loss** data fields.
State Indemnity per unit	Amount (in U.S. Dollars) to be paid by a State Agency. Manually enter this value. Then press TAB to adjust the amounts in the **Total Indemnity Due** and **Profit or Loss** data fields.
Total Indemnity Due	Total amount (in U.S. Dollars) of the Federal indemnity to be paid to the owner or mortgagee of the destroyed units. Auto-filled with the value calculated by this equation: (Federal Indemnity per unit) X (Number of Units)
Profit or Loss	Total cost (in U.S. Dollars) to the government. If there was any salvage value of the animals or items, then the total cost for indemnity is reduced by the amount of the salvage. Auto-filled with the sum calculated by this equation: (Total Indemnity Due) – (Difference)

④ **File Attachments Section** – Use to associate other documents with the Appraisal Detail Form.
Examples of such attachments can be: indemnity price charts, appraisal reports, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on `Browse...` .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑤ **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

⑥ After you have entered all of your data into this form, click on SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑦ **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Appraisal Detail Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Appraisal Detail Form and is ready for you to email.

  REQUEST DELETION   Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

  HELP   Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Appraisal Summary Form** -> Appraisal Detail Form breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Appraisal Info** **Attachments** **Distribution & Changes** **All Sections** Navigation Bar to navigate within the Appraisal Detail Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Appraisals**.

  b. In the View data field, select a format for this report.

  c. Click on the ↻ symbol to generate this report.
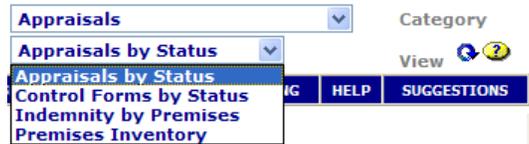
Section 4: Appraisal Summary Form

Form's purpose:	-- Records information on who is responsible for getting animals or items appraised on a premises. -- Documents who (State and/or Federal officials) has approved the appraised values. -- Lists any mortgagor of the animals/items on the premises. *Note*: If a premises has multiple owners, you must create a separate Appraisal Summary Form for each owner. *Example*: A premises has three owners. You must create three Appraisal Summary Forms. Each form contains the name/contact information for only one of the three owners.
Pre-requisite(s):	Create this form *only after* you have already completed the Investigation Summary and have determined a need to appraise animals.

To access this form:	1. On the Investigation Summary Form, click on ⭐ **FOLLOW-UP FORMS** .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Appraisal Summary** link.
	4. You may see a screen that lists any existing Appraisal Summary Forms already associated with the premises in this case. Usually only one Appraisal Summary Form is open at one time unless you are appraising separate groups of animals or animals and items separately. Be careful that you do not duplicate Appraisal Summary Forms.
	     ~ To edit an existing form, select its **Click here to edit this form** link.
	     ~ To open a blank form, select **Click here to create a new AAR**.

Data-Entry Procedure

1 You should have a blank Appraisal Summary Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Mortgage Information

Mortgaged? *   ○ Yes ⊙ No

Name and Address of Mortgagee: [_____]

Mortgagee Signature Date: [_____] 📅
                          Today Calendar

Check Mailed To: ⊙ Owner ○ Mortgagee

Pricing Source: [_____]

NOTE: You must list purebred vs grade and categories of materials on separate Appraisal Detail forms. Click on "Create Appraisal Detail" button above to access this form.

▼ **Hide Animal Owner Contact Info**

Animal Owner Contact Information

Owner's Last Name:	**Johnston**	Owner First Name	**Sue**
		Owner MI	
Home Phone	[____]	Fax Number	[____]
Cell Phone	[____]	Pager	[____]
Owner Company Name	[____]	Work Phone	[____]
Address	[____]	Address2	[____]
City	[____]	State	CO ▾
Zip	[____]	County	▾

Comments about Owner and/or Directions or Map to Location
[_____]

Summary of Appraisal Detail Record

No Documents

File Attachments

File Upload   [_____] Browse...
File Upload   [_____] Browse...
File Upload   [_____] Browse...

Document Management

Document Type   **Appraisal Summary Form**
Document Editors   **EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS Agent Signer/APHIS/USDA**
Document Creator   **Susan Johnston**
Document Creation Date 05/09/2008

Mortgage Information — See Step ④

Animal Owner Contact Information — See Step ⑤

Sum — See Step ⑥

File Attach — See Step ⑦

Doc Mgmt — See Step ⑧

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Appraisal Summary Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Manually create and enter this number, using the following format: - The first two digits represent the year in which the investigation occurs. - The next two characters represent the State in which the primary premises being investigated is located. - The last four digits indicate the number of the investigation during the current year. *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Appraisal Summary Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Name of the individual who owns the premises that is being investigated.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation/service/business that is actively being conducted on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.
Animal Owner	Name of the premises where the owner of the animals being investigated resides. (DELETE FROM THIS FORM)
Animal Owner	Last and first name of the owner of the animals being investigated.
Location Prem Owner	Name of the premises where the animals being investigated are located.
Location Prem Owner	Last and first name of the owner of the premises where the animals being investigated are located.

③ **Appraisal Information Section** – Complete this section according to the guidelines below:

* Required field

Appraisal Summary Form	
Appraisal Information Section	
Data Field	**Description**
Appraisal Officer Assigned ∗	Last and first name of the individual who will serve in this position. 1. Start typing the name in the data field next to the **Appraisal Officer Assigned** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.

Appraisal Summary Form	
Appraisal Information Section	**continued**
Data Field	**Description**
Date Assigned ∗	Date on which the appraisal activity was assigned to an Appraisal Officer.
	There are two ways to enter this date:
	• Click on the Calendar icon ( ) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Owner Signature Date (VS Form 1-23) ∗	Date on which the owner of the appraised animal/item signed the completed VS 1-23A paper form.
	There are three ways to enter this date:
	• Click on the Today icon ( ) to enter the current date.
	• Click on the Calendar icon ( ) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Federal Approving Official ∗	Last and first name of the individual who will serve in this position.
	1. Start typing the name in the data field next to the **Federal Approving Official** label.
	2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath.
	3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual.
	Auto-filled with the appropriate code #.
Date Approved ∗	Date on which the Federal Approving Official signed the completed VS 1-23A paper form.
	There are two ways to enter this date:
	• Click on the Calendar icon ( ) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
State Representative ∗	Last and first name of the State Representative who will sign the VS 1-23A paper form.
	1. Start typing the name in the data field next to the **State Representative** label.
	2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath.
	3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual.
	Auto-filled with the appropriate code #.
State Signature Date ∗	Date on which the State Representative signed the completed VS 1-23A paper form.
	There are two ways to enter this date:
	• Click on the Calendar icon ( ) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

4 **Mortgage Information Section** – Complete this section according to the following guidelines.

Appraisal Summary Form	
Mortgage Information Section	
Data Field	**Description**
Mortgaged? ∗	Mortgaged Status of the appraised materials or animals, as recorded on the VS 1-23A paper form.
	Click the appropriate radio button to indicate this status.
Name and Address of Mortgagee	Name (first, last) and address of the individual who holds the mortgage, as recorded on the VS 1-23A paper form.
Mortgagee Signature Date	Date on which the mortgagee signed the completed appraisal paper form, as recorded on the VS 1-23A paper form.
	There are three ways to enter this date:
	• Click on the Today icon ( ) to enter the current date.
	• Click on the Calendar icon ( ) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Appraisal Summary Form	
Mortgage Information Section	**continued**
Data Field	**Description**
Check Mailed To	The recipient to whom the indemnity payment is sent. Click the appropriate radio button to indicate this recipient.
Pricing Source	Source used to calculate the indemnity values for this appraisal, as recorded on the VS 1-23A paper form.

5 **Animal Owner Contact Information Section** – Is auto-filled with data in the Investigation Summary Form that was already created for this case. To edit this section, use the following guidelines:

* Required field

Appraisal Summary Form	
Animal Owner Contact Information Section	
Data Field	**Description**
Owner's Last Name	Last name of the owner of the appraised materials/animals, as recorded on the VS 1-23A paper form.
Owner First Name	First name of this owner.
Owner MI	Middle initial of this owner.
Home Phone	Telephone number for the residence where this owner lives.
Fax Number	Fax machine used by this owner.
Cell Phone	Telephone number for a cell phone associated with this owner.
Pager	Number for a pager associated with this owner.
Owner Company Name	Name of this owner's business.
Work Phone	Telephone number for this owner's business.
Address	Primary mailing address information for this owner's business/residence.
Address2	Secondary mailing address information for this owner's business/residence.
City	Name of the city in which the mailing address for this owner's business/residence is located.
State	State in which the mailing address for this owner's business/residence is located.
Zip	Zip code for the mailing address of this owner's business/residence.
County	County in which the mailing address for this owner's business/residence is located.
Comments	Additional information about the owner of the appraised materials/ animals or traveling directions to the owner's premises.

6 **Summary of Appraisal Detail Section** (view-only) – Displays any data that was previously entered/saved in any Appraisal Detail Forms done for this case.
(*Optional*: Click on a link under **Appraised Item** to open and display that item's Appraisal Detail Form.)

7 **File Attachments Section** – Use to associate other documents with the Appraisal Summary Form.
Examples of such attachments can be: indemnity price lists, photographs of the appraised materials/animals, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on Browse... .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

8 **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

9 After you have entered all of your data into this form, click on [SAVE] .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

10 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Appraisal Summary Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on [SAVE] .

  APPRAISAL DETAIL   Click, to open a new Appraisal Detail Form.

  MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Appraisal Summary Form and is ready for you to email.

  CHANGE INVES   Click, to associate this form with a different Investigation Summary Form.

  REQUEST DELETION Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

  HELP   Click, to display a Help Document about this form. When done, click on ❌ to close this document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Appraisal Summary Form** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Appraisal Info** **Animal Owner Info** **Detail Forms** **Attachments** **All Sections** Navigation Bar to navigate within the Appraisal Summary Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Appraisals**.

  b. In the View data field, select a format for this report.

  c. Click on the ⟳ symbol to generate this report.

  Appraisals | Category
  Appraisals by Status | View ⟳ ❓
  Appraisals by Status
  Control Forms by Status
  Indemnity by Premises
  Premises Inventory

Section 5: Attachment Form

Form's purpose:	Used to record names of other individuals who may have associations with the premises that is being investigated.
Pre-requisite(s):	Create this form only after you have already started a Questionnaire Form.
To access this form:	There are two ways to access the Attachment Form:
	Method A:
	1. On the Investigation Summary Form, find the Follow-up Forms section.
	2. In this section, find the Questionnaire Form item.
	3. Under the Questionnaire Form item, click on the **Attachment** link.
	Method B:
	If you are currently in the Questionnaire Form, click on 📋 **NEW ATTACH**.

Data-Entry Procedure

1 You should have a blank Attachment Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Attachment

Referral Control Number	080528103004A	Animal Owner	
Local Control Number		Animal Owner	
Prem ID	OH111	Location Prem Owner	
		Location Prem Owner	**Harris, Jim**

Prem Info — See Step ②

Attachment Information

Class*	[▼]	
Last Name *	[ ]	First Name/MI [ ] [ ]
Home Phone	[ ]	Fax Number [ ]
Cell Phone	[ ]	Pager [ ]
Company Name * (Not required if name is entered above)	[ ]	Work phone [ ]
Address	[ ]	Address2 [ ]
City	[ ]	State * [▼]
County	[▼]	Zip [ ]
Best time to contact	[ ]	

Attachment Information — See Step ③

File Attachments

File Upload	[ ]	Browse...
File Upload	[ ]	Browse...
File Upload	[ ]	Browse...

File Attach — See Step ④

Edit History

Time & Date	User	Field Name	Field Data

Document History

Attachment — Developed by AIM, ITC/Eagle TC, Ver 2, 10/2001

Document Editors — Susan Johnston/CO/APHIS/USDA
Document Creator — Susan Johnston

Edit — See Step (5)

Doc History — See Step (6)

(2) **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Attachment Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local Control Number	Unique identification number assigned to an investigation/task force by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Prem ID	Unique identification number assigned to the premises being investigated.
Animal Owner	Name of the premises where the owner of the animals being investigated resides.
Animal Owner	Last and first name of the owner of the animals being investigated.
Location Prem Owner	Name of the premises where the animals being investigated are located.
Location Prem Owner	Last and first name of the owner of the premises where the animals being investigated are located.

(3) **Attachment Information Section** – Complete this section, using the guidelines below:

* Required field

Attachment Form	
Attachment Information Section	
Data Field	**Description**

Class *	Category to which the individual being reported in this section belongs.
	Use this data field's LOV to make a selection. The choices are:
	    Owner keeping birds at another location
	    Bird boarder at this location
	    Neighbor of this premises

Last Name *	Last name of the individual identified in the **Class** data field.
First Name/MI	First name and middle initial of this individual.
Home Phone	Telephone number for the residence where this individual lives.
Fax Number	Fax machine used by this individual.

Attachment Form	
Attachment Information Section	**continued**
Data Field	**Description**
Cell Phone	Telephone number for a cell phone associated with this individual.
Pager	Number for a pager associated with this individual.
Company Name ∗	Name of the business that this individual manages or owns. *Note*: This data field is not required if you have already completed the **Last Name** data field.
Work phone	Telephone number for this individual's work location.
Address	Primary address information for this individual's business/residence. OR If **Class=Owner keeping birds at another location**, enter the address for this other location. OR If **Class=Bird Boarder at this location**, enter the address for the premises under investigation. OR If **Class=Neighbor of this premises**, enter the address of the neighbor's premises.
Address2	Secondary address information for the premises identified in the **Address** data field.
City	City for the premises identified in the **Address** data field.
State ∗	State for the premises identified in the **Address** data field.
County	County for the premises identified in the **Address** data field.
Zip	Zip code for the premises identified in the **Address** data field.
Best time to contact	Days and times that are most convenient for contacting this individual. *Note*: It is helpful to indicate the time zone that this individual lives/works in.

④ **File Attachments Section** – Use to associate other documents with the Attachment Form.
Examples of such attachments can be: photographs of the animal locations on the premises, a diagram of the premises layout, a description of animal feeding routines, animal health records, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on `Browse...` .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑤ **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

⑥ **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

⑦ After entering all of your data in this form, click on 🖫 SAVE .

The form refreshes and displays the data you just entered.

Attachment Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode.
NEW ATTACH	Click, to open a new Attachment Form.
MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Attachment Form and is ready for you to email.
VIEW QUESTIONNAIRE	Click, to return to the parent Questionnaire Form.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ❌ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Questionnaire** -> **Attachment** breadcrumb trail to navigate to/open a different form already created for this case.

Section 6: Backyard Questionnaire
(also called the **Non-Commercial END Epidemiology Form**)

Form's purpose:	Documents information about an animal or premises owners, anima/other movement, biosecurity, environmental issues, and any other information that is deemed epidemiologically important. Many of these questions are disease- and outbreak-specific. Consequently, this questionnaire can be modified, based on these factors as needed.
Pre-requisite(s):	Create this form *only after* you have already created the Investigation Summary Form and have a need to collect additional epidemiological information. *Note*: Trace information on an infected premises may be collected through the use of the Trace List Assignment Form rather than this Backyard Questionnaire Form.

To access this form:	1. On the Investigation Summary Form, click on 🟡 **FOLLOW-UP FORMS** .
	 2. A pop-up box appears that lists the available Follow-Up Forms.
	 3. Click on the **Backyard Questionnaire** link.
	 4. You may see a screen that lists any existing Backyard Questionnaire Forms already associated with the premises in this case.
	     ~ To edit an existing form, select its **Click here to edit this form** link.
	     ~ To open a blank form, select **Click here to create a new BQ**.

Data-Entry Procedure

① You should have a blank Non-Commercial END Epidemiology Form displayed onscreen (shown below).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.
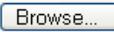
* Required field

Backyard Questionnaire	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID Number	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Prem ID	Unique identification number assigned to the premises being visited.
Form Status	Current status of this Backyard Questionnaire.
Incident Site	State or geographic location where the investigation/Incident Command is headquartered or where data for the investigation/task force is being managed. Routine FAD and Tracing databases usually have only one location per state.
Animal Owner	Name(s) of the owner/business of the animals being investigated.
Location Prem Owner	An owner of the premises location that is being investigated.

③ **Assignment Info Section** – Complete this section according to the guidelines below:

* Required field

Backyard Questionnaire	
Assignment Info Section	
Data Field	**Description**
Assigned To ∗	Name of the individual who is assigned to visit a designated premises in order to complete the backyard questionnaire as well as any other on-site activities. 1. Start typing the name in the data field next to the **Assigned To** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Assignment Date ∗	Date on which the premises visit was assigned to this individual. There are two ways to enter this date: • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Specific Instructions	Additional details that would be useful to this individual, such as driving directions, layout of the premises being visited, animal owner contact information, etc.
Completion Date	Date on which this individual visited the premises and completed the backyard questionnaire. There are three ways to enter this date: • Click on the Today icon (🗓) to enter the current date. • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

4 After entering all of your data in this form, click on 🖫 SAVE .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **Premises Owner Information (Animal Location), General Information, Bird Population of the Premises (Census Numbers), Other Species on this Premises (Census Numbers), Questions-Other Owners and/or Locations, Questions-Birds Health and Mortality, Questions-Bird Movement, Questions-People and Materials Movement, Interviewer Comments, File Attachments, Edit History,** and **Document History.**

5 Click on 📝 EDIT .

You now see the rest of this form in edit mode (as shown below and on the next two pages).

1. Premises Owner Information (Animal Location)

Prem Owner Last Name	Harris	Prem Owner First Name	Jim
		Premise Owner's MI	
Home Phone	970-444-1111	Fax Number	
Cell Phone	970-111-4444	Pager	
Company Name		Work Phone	970-144-4411
Address	1012 Lands End	Address2	
City	Columbus	State *	OH
Zip	44338	County	Cuyahoga
Latitude		Longitude	

See Step **6**

General Information

2. Type of Premises Setting: [ ]   If other, please specify: [ ]

3. Feral Birds on or near the Premises: [ ]   If other, please specify: [ ]

See Step **7**

4. Bird Population of the Premises (Census Numbers):

Class	Males (>1 yr)	Females (>1 yr)	<1 yr	Age Range	Total
Backyard Poultry	0	0	0		0
Game Fowl	0	0	0		0
Psitticines	0	0	0		0
Waterfowl	0	0	0		0
Other Birds	0	0	0		0
				Total Herd:	0

See Step **8**

5. Other Species on this Premises (Census Numbers)

Cats	0	Cattle	0	Dogs	0
Exotics	0	Goats	0	Horses	0
Rodent Infestation	0	Rodent Level	None		
Sheep	0	Swine	0		

2) Do you keep birds at other location(s)?   ○ Yes ○ No

See Step **9**

Sidebar tabs (right side): Premises Owner Information · General Info · Bird Population on Prem · Other Species

6a. Questions - Other Owners and/or Locations:

1) How many people keep birds at these premises? [ ]

2) Do you keep birds at other location(s)? ○ Yes ○ No

6b. Questions - Birds Health and Mortality:

1) Have birds' sickness increased in the last 3 months? ○ Yes ○ No

If yes, when and how many?

	Last Week	Last Month	Last 3 Months	TOTAL
Number of Sick	[ ]	[ ]	[ ]	0

2) Have there been an increase in number of dying birds in the last 3 months? ○ Yes ○ No

If yes, when and how many?

	Last Week	Last Month	Last 3 Months	TOTAL
Number of Dead	[ ]	[ ]	[ ]	0

3) Are your birds vaccinated against Newcastle Disease? ○ Yes ○ No ○ Don't Know

4) Are your boarded birds (if any) vaccinated against Newcastle Disease? ○ Yes ● No ○ Don't Know

6c. Questions - Bird Movement:

1) Have any new birds been introduced in the past 90 days? ○ Yes ○ No

If yes, list class and where birds came from.

Class	Location of Where Birds Came From	TOTAL
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

2) Have any birds left the premises in the past 90 days? ○ Yes ○ No

If yes, list location.

Class	Location of Where Birds Went To	TOTAL
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

3) Did any birds that left the premises return? ○ Yes ○ No

6d. Questions - People and Materials Movement:

1) Any visitors in the last 90 days that had contact with birds or holding areas? ○ Yes ○ No
If yes, who/address?
Visitor's Name: [ ]   Visitor's Address: [ ]

2) Any form of biosecurity practiced? ○ Yes ○ No
If yes, what kind? [ ]

3) Has anyone from this premises done any of the following in the last 90 days?
a) Visit Swap Meet where birds are present ○ Yes ○ No
b) Visit/participate in Poultry Exhibition ○ Yes ○ No
c) Handle other birds ○ Yes ○ No
d) Visit other premises with birds ○ Yes ○ No

4) How is feed delivered to the premises?
Picked up and delivered by own vehicle ○ Yes ○ No
Delivered by feed company ○ Yes ○ No
What is the name and location of feed company(s) that supplies you? [ ]
Other ○ Yes ○ No
Specify Other [ ]

5) Do other people keep birds in the neighborhood? ○ Yes ○ No

6. Do you know other people that keep poultry/birds? ○ Yes ○ No

7) Do you know of places where poultry can be bought, sold, traded or kept? ○ Yes ○ No

7. Interviewer Comments:

1) Add any comments you wish here (just open ended things that may be helpful, etc.)

2) Please describe the general layout of the premises, the surrounding area, safety and general working conditions for depopulation, utilizing a diagram of the premises.

File Attachments

File Upload		Browse...
File Upload		Browse...
File Upload		Browse...

Edit History

Time & Date	User	Field Name	Field Data

Document History

Backyard Questionnaire	**Developed by AIM, ITC/Eagle TC, Ver 2, 10/2001**
Document Editors	
Document Creator	**Susan Johnston**

Interviewer Comments — See Step ⑭

File Attach — See Step ⑮

Edit — See Step ⑯

Doc Hist — See Step ⑰

⑥ **Premises Owner Information (Animal Location) Section** – Complete this section using the guidelines below:

* Required field

Backyard Questionnaire	
Premises Owner Information (Animal Location) Section	
Data Field	**Description**
Prem Owner Last Name	Last name of the individual who owns the premises that is being investigated.
Prem Owner First Name	First name of this premises owner.
Premise Owner's MI	Middle initial of this premises owner.
Home Phone	Telephone number for the residence where this premises owner lives at.
Fax Number	Fax machine used by this premises owner.
Cell Phone	Telephone number for a cell phone associated with this premises owner.
Pager	Number for a pager associated with this premises owner
Company Name	Name of a business that this individual owns or works for.
Work Phone	Telephone number that is associated with this premises owner's business.
Address	Primary address information for this owner's premises.
Address2	Secondary address information for this owner's premises.
City	Name of the city in which this owner's premises is located.

Backyard Questionnaire	
Premises Owner Information (Animal Location) Section	**continued**
Data Field	**Description**
State	State in which this owner's premises is located.
Zip	Zip code of this owner's premises.
County	County in which this owner's premises is located. Use this data field's LOV to make a selection. The choices are State-specific.
Latitude	Positive number that represents the North-South coordinates for the front entrance to a premises. Enter as decimal degrees, using the following format: *nn.nnnnnn* Example: `48.552000`
Longitude	Negative number that represents the East-West coordinates for the front entrance to a premises. Enter as decimal degrees, using the following format and including a minus sign: *-nnn.nnnnnn* Example: `-104.552000`

7 **General Information Section** – Complete this section according to the guidelines below:

* Required field

Backyard Questionnaire	
General Information Section	
Data Field	**Description**
Type of Premises Setting	Setting in which this premises is located. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Urban</td><td>Ranchettes</td><td>Other</td></tr><tr><td>Suburban</td><td>Rural</td><td></td></tr></table> If you select **Other**, also enter additional details in the **If other, please specify** data field.
Feral Birds on or near the Premises	Identification of any feral bird populations that are present on this premises. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Roosting birds (pigeons, etc.)</td><td>Other</td></tr><tr><td>Free roaming chickens</td><td></td></tr></table> If you select **Other**, also enter additional details in the **If other, please specify** data field.

8 **Bird Population on the Premises (Census Numbers) Section** – Complete this section using the guidelines below:

* Required field

Backyard Questionnaire	
Bird Population on the Premises (Census Numbers) Section	
Data Field	**Description**
Class	Class to which the birds belong. Complete each class row as instructed below.
Males (> 1 yr)	Number of male birds more than one year old. Press TAB to advance to the next field.
Females (> 1 yr)	Number of female birds more than one year old. Press TAB.
< 1 yr	Number of birds (male and female) less than one year old. Press TAB.
Age Range	Youngest and oldest ages of the birds in this class group. *Example*: **2-4 years old**
Total	Auto-filled with the sum of **Males (>1 yr)** + **Females (>1 yr)** + **<1 yr**

(9) **Other Species on this Premises (Census Numbers) Section** – Complete this section using the guidelines below:

  * Required field

Backyard Questionnaire	
Other Species on this Premises (Census Numbers) Section	
Data Field	**Description**
Cats **Goats** **Cattle** **Horses** **Dogs** **Sheep** **Exotics** **Swine**	Total number of individual animals belonging to each species that have been observed on the premises. Manually enter the total number in each species' data field.
Rodent Infestation	Is this premises infested with rodents? Did the investigator see signs, droppings, gnawing, etc.?
Rodent Level	Concentration of rodents observed on this premises. Use this data field's LOV to make a selection. The choices are:

Heavy	The number of rodents observed by the owner or investigator is in the range of 50+ individuals.	
Medium	The number of rodents observed by the owner or investigator is in the range of 20-50 individuals.	
Light	The number of rodents observed by the owner or investigator is in the range of 1-20 individuals.	
None	No rodents have been observed on this premises.	

(10) **Questions – Other Owners and/or Locations Section** – Complete this section according to the guidelines below:

  * Required field

Backyard Questionnaire	
Questions – Other Owners and/or Locations Section	
Data Field	**Description**
How many people keep birds at these premises?	Total number of bird owners/breeders who work/reside at this premises, or who board birds on a temporary basis at this premises.
Do you keep birds at other location(s)?	**Yes** = The premises owner does maintain bird flocks in locations other than this premises. **No** = The premises owner maintains bird flocks only at this premises.

(11) **Questions – Birds Health and Mortality Section** – Complete this section according to the guidelines below:

  * Required field

Backyard Questionnaire	
Questions – Birds Health and Mortality Section	
Data Field	**Description**
Have birds' sickness increased in the last 3 months?	**Yes** = A higher-than-normal level of sickness has been observed in the bird population (permanent or temporary/boarding). **No** = The level of sickness has remained the same or normal, with very few or no birds (permanent or temporary/boarding)showing signs of sickness. *If Yes, when and how many?* Enter the appropriate numerical value in each data field (or leave blank).
Has there been an increase in number of dying birds in the last 3 months?	**Yes** = More birds have died in the last 3 months (90 days) than have died 91+ days ago. **No** = Fewer birds have died in the last 3 months (90 days) than have died 91+ days ago. *If Yes, when and how many?* Enter the appropriate numerical value in each data field (or leave blank).
Are your birds vaccinated against Newcastle Disease?	**Yes** = All birds permanently residing at the current premises have been vaccinated. **No** = It is 100% certain that not all birds permanently residing at this premises have been vaccinated. **Don't Know** = It is not 100% certain that all birds permanently residing at this premises have been vaccinated.
Are your boarded birds (if any) vaccinated against Newcastle Disease?	**Yes** = All birds that are being boarded temporarily at this premises have been vaccinated. **No** = It is 100% certain that not all birds being boarded temporarily at this premises have been vaccinated. **Don't Know** = It is not 100% certain that all birds being boarded at this premises have been vaccinated.

(12) **Questions – Bird Movement Section** – Complete this section according to the guidelines below:

* Required field

Backyard Questionnaire	
Questions – Bird Movement Section	
Data Field	**Description**
Have any new birds been introduced in the past 90 days?	**Yes** = One or more new birds (permanent or temporary/boarding) have been introduced. **No** = No new birds (permanent or temporary/boarding) have been introduced. *If Yes, when and how many?* **Class** = The class to which the new birds belong. Enter each class in its own data field. Choose from this list of classes: <table><tr><td>Backyard Poultry</td><td>Psitticines (parrots)</td><td>Other Birds</td></tr><tr><td>Game Fowl</td><td>Waterfowl</td><td></td></tr></table> **Location** = Location (premises name, business, address) where the birds came from. **Total** = Number of birds in this class and from the same location. *Note*: Each **Class / Location** combination should be unique.
Have any birds left the premises in the past 90 days?	**Yes** = One or more new birds (permanent or temporary/boarding) have left this premises. **No** = No new birds (permanent or temporary/boarding) have left this premises. *If Yes, when and how many?* **Class** = The class to which the departed birds belong. Enter each class in its own data field. Choose from this list of classes: <table><tr><td>Backyard Poultry</td><td>Psitticines (parrots)</td><td>Other Birds</td></tr><tr><td>Game Fowl</td><td>Waterfowl</td><td></td></tr></table> **Location** = Location (premises name, business, address) where the birds were delivered. **Total** = Number of birds in this class that were delivered to the same location. *Note*: Each **Class / Location** combination should be unique.
Did any birds that left the premises return?	**Yes** = One or more birds that left this premises have been returned. **No** = No birds that left this premises have been returned.

(13) **Questions – People and Materials Movement Section** – Complete this section according to the guidelines below:

* Required field

Backyard Questionnaire	
Questions – People and Materials Movement Section	
Data Field	**Description**

1) Any visitors in the last 90 days that had contact with birds or holding areas?	**Yes** = Visitors have been on the current premises within the last 90 days who have had contact with the bird flocks or who have been in the holding areas.
	
	 No = No visitors have been on this premises within the last 90 days.
	   OR
	   Visitors have been on this premises within the last 90 days, but they have not had contact with the bird flocks, nor have they been in the holding areas.
	
	 If yes, who/address?
	 Visitor's Name = Name of the visitor.
	 Visitor's Address = Full address (business or residential) of the visitor.

2) Any form of biosecurity practiced?	**Yes** = Approved biosecurity measures are followed on this premises. **No** = No approved biosecurity measures are followed on this premises. *If yes, what kind?* Description of any biosecurity measures that are followed on this premises.
3) Has anyone from this premises done any of the following in the last 90 days?	For each activity (a, b, c, and d), check the radio button next to either **Yes** or **No**. **Yes** = At least one person from this premises has done one or more of the checked-off activities. **No** = No person from this premises has done any of the checked-off activities.

Backyard Questionnaire	
Questions – People and Materials Movement Section	**continued**
Data Field	**Description**
4) How is feed delivered to the premises?	Method used to deliver bird feed to this premises. Check **Yes** or **No** next to one or more of the methods listed: • Picked up and delivered by own vehicle • Delivered by feed company (If **Yes**, also complete the **What is the name and location of feed company(s) that supplies you?** data field.) • Other (If **Yes**, also enter a description about this method in the **Specify Other** data field.)
5) Do other people keep birds in the neighborhood?	**Yes** = At least one person in the same neighborhood as this premises also keeps birds. **No** = No persons in the same neighborhood as this premises also keep birds.
6) Do you know other people that keep poultry/birds?	**Yes** = This premises' owner or resident does know about other people (inside or outside this neighborhood) who also keep poultry/birds. **No** = This premises' owner or resident does not know about other people (inside or outside this neighborhood) who also keep poultry/birds.
7) Do you know of places where poultry can be bought, sold, traded, or kept?	**Yes** = This premises' owner or resident does know of at least one of these poultry-related places. **No** = This premises' owner or resident does not know of any poultry-related places.

14 **Interviewer Comments Section** – Complete this section according to the guidelines below:

* Required field

Backyard Questionnaire	
Interviewer Comments Section	
Data Field	**Description**
1) Add any comments you wish here…	Open-ended comments about the premises visit, interactions with the premises owner(s), etc.
2) Please describe the general layout of the premises, …	Open-ended comments about the premises' physical layout, neighboring properties, and potential safety/working conditions that might impact any necessary depopulation or cleaning & disposal activities. *Note*: If this questionnaire is for the Sentinel Bird Program, attach a diagram of the premises to this Backyard Questionnaire.

15 **File Attachments Section** – Use to associate other documents with the Backyard Questionnaire.
Examples of such attachments can be: sketches or photographs of the visited premises, a list of the animals located at the premises, notes on the animals' living conditions, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on Browse... .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

16 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

17 **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

18 After you have entered all of your data into this form, click on 🗍 **Save** .

The form refreshes and displays the data you just entered.

Backyard Questionnaire – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

🖊 **Edit**	Click, to re-open this form in data-entry mode. After making your changes, click on 🗍 **Save** .
📋 **New Questionnaire**	Use to see a message that lets you either access existing questionnaire(s) associated with the current premises or to open a new Non-Commercial END Epidemiology Form.
📨 **Mail It**	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Non-Commercial END Epidemiology Form and is ready for you to email.
📑 **Change Inves**	Click, to associate this form with a different Investigation Summary Form.
❓ **Help**	Click, to display a Help Document about this form. Click on ❌ to close this Help Document.
❌ **Request Deletion**	Click, to submit a request to delete this form and all descendent documents created from it.
❌ **Delete Doc**	Click, to permanently delete this form and all descendent documents created from it.

- Use the **WelcomePage -> Investigation Summary -> Backyard** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Assignments** **Questionnaire** **Mitigation & Followup** **All Sections** Navigation Bar to navigate within the Backyard Questionnaire.

    Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

Section 7: Cleaning and Disinfection Summary Form

Form's purpose:	-- Documents the cleaning and disinfection activities that are performed at a premises. These activities cover facilities, equipment, and any other objects. -- You can create more than one Cleaning and Disinfection Summary Form for a single premises; but, generally, only one form is used for the entire premises.
Pre-requisite(s):	-- Creating this form will, in many cases, occur automatically during a incident triggered by a Positive Diagnosis of an infectious disease. -- Whether or not this form is created automatically or manually, you should complete it *only after* you have already completed the Euthanasia and Disposal Summary Form and the Euthanasia Detail Form.

To access this form:	**To access a new, blank Cleaning and Disinfection Summary Form:**
	1. On the Investigation Summary Form, click on ![FOLLOW-UP FORMS] .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Cleaning and Disinfection** link.
	4. You may see a screen that lists any existing Cleaning and Disinfection Summary Forms already associated with the premises in this case.
	    ~ To edit an existing form, select its **Click here to edit this form** link.
	    ~ To open a blank form, select **Click here to create a new CDR**.
	
	To access an existing Cleaning and Disinfection Summary Form (that was automatically created during an Incident and used to assign personnel to perform the Cleaning and Disinfection activities):
	1. On the Investigation Summary Form, find the Follow-up Forms section.
	2. In this section, find and click on the **Cleaning and Disinfection Summary Form** link.
	3. Use the procedure described below to add any remaining information.

Data-Entry Procedure

1 You should have a blank Cleaning and Disinfection Summary Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

CLEANING AND DISINFECTION SUMMARY   Incident: **Training**   Incident Site:

▼**Hide Prem Info**

Referral Control Number	**080528103004A**	**Prem ID**	**OH111**
Local ID		Prem Name	
		Prem Owner	**Harris, Jim**
Case Classification	**Diagnosis Negative**	Prem Address	**1012 Lands End**
			Columbus OH, 44338
		Prem County	**Cuyahoga**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

| C&D Assignment Info | Operational Info | Attachments | All Sections |

Prem Info — See Step ②

C&D Assignment Information

C&D Team Chief Assigned *
(Enter as Last Name, First Name)   Employee ID

Assign Date *

Reason for C&D Activity *

Cleaning Schedule Date
                                    Today Calendar

Cleaning Performed By *   Employee ID

_____   _____
Signature of person doing C or D   Date signed

Date Cleaning Started *
                                    Today Calendar

Date C or D Completed *   Size of area cleaned
                                    Today Calendar

See Step ③

Operational Information

Number of Teams   Size of Teams

List any vehicles used in   List any vehicles that were
operation   C&D

Requirements:

PPE Requirements:

Equipment (list equipment   Disinfectant used
required to accomplish
operations):

Personnel: Amt and units of disinfectant
                                    used

**Note: For assessment surveys, describe premise, location(s) of areas to be C&D,
environmental concerns, issues, special equipment, disinfecting process (types of
disinfectants, fumigants, etc.)
Premises Activities (narrative)

Inspected By*   Employee ID

Date of Disinfection *
                                    Today Calendar

See Step ④

File Attachments

File Upload   Browse...
File Upload   Browse...
File Upload   Browse...
☐ - **TracingExercise.xls**

See Step ⑤

Document History

Document Type   **Cleaning and Disinfection Summary Form**
Document Editors   **EMRS Agent Signer/APHIS/USDA**
Document Creator   **Susan Johnston**
Document Creation Date   08/13/2008

See Step ⑥

Side tabs:
C & D Assignment Information
Operational Information
File Attach
Doc Hist

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

  * Required field

Cleaning and Disinfection Summary Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Manually create and enter this number, using the following format: - The first two digits represent the year in which the investigation occurs. - The next two characters represent the State in which the primary premises being investigated is located. - The last four digits indicate the number of the investigation during the current year.
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Cleaning and Disinfection Summary Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ **C & D Assignment Information Section** – Complete this section according to the guidelines below:

  * Required field

Cleaning and Disinfection Summary Form	
C & D Assignment Information Section	
Data Field	**Description**
C&D Team Chief Assigned ∗	Last and first name of the individual who will serve in this position. 1. Start typing the name in the data field next to the **C&D Team Chief Assigned** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Assign Date ∗	Date on which the cleaning/disinfection activity was assigned to the C&D Team Chief or C&D Team. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon (📅) to display and use a pop-up calendar.
Reason for C&D Activity ∗	Reason for doing the cleaning/disinfection activity. Use this data field's LOV to make your selection. The choices are: <table><tr><td>Initial</td><td>The first cleaning/disinfection activity that was done on a premises.</td></tr><tr><td>Followup</td><td>An additional cleaning/disinfection activity that was done on the same premises.</td></tr></table>

Cleaning and Disinfection Summary Form	
C & D Assignment Information Section	**continued**
Data Field	**Description**
Cleaning Schedule Date	Date on which the cleaning/disinfection activity is scheduled to begin. (Cleaning generally must be performed before disinfection is started, in order to avoid cross-contamination of the affected areas.) There are three ways to enter this date: • Click on the Today icon (🔲) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Cleaning Performed By ✱	Last and first name of the individual who will perform the cleaning activity. 1. Start typing the name in the data field next to the **Cleaning Performed By** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Signature of person doing C or D	Signature of the person who performed the cleaning/disinfection activity. This signature is handwritten on a hardcopy printout of this Cleaning and Disinfection Summary Form.
Date signed	Date on which the person who performed the cleaning/disinfection activity physically signed the hardcopy printout of this Cleaning and Disinfection Summary Form.
Date Cleaning Started ✱	Date on which the cleaning activity started. Disinfection should follow completion of cleaning and may be performed by the same person. There are three ways to enter this date: • Click on the Today icon (🔲) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date C or D Completed ✱	Date on which the cleaning/disinfection activity was completed. Sometimes in a large-scale outbreak, a disinfection crew does not go to the premises until a signed copy that any cleaning work was completed has been delivered to the crew. So you can enter details for either cleaning or disinfection work in this data field. There are three ways to enter this date: • Click on the Today icon (🔲) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Size of area cleaned	Total amount of area that was cleaned (should be the same amount for any disinfection work, as well). 1. In the first data field, manually enter the size as a numeric value. 2. In the second data field, use the LOV to specify the unit of measurement. The choices are: sq ft — Square Feet cube ft — Cubic Feet acres — Approximately 43,560 square feet

④ **Operational Information Section** – Complete this section according to the guidelines below:

✱ Required field

Cleaning and Disinfection Summary Form	
Operational Information Section	
Data Field	**Description**
Number of Teams	Total number of teams assigned to perform all of the cleaning and disinfection activities. Depending on circumstances, both cleaning and disinfection may be performed by the same team(s), or cleaning may be done by one team/group of teams and disinfection by another team/group of teams.
Size of Teams	Number of persons on each team.

Cleaning and Disinfection Summary Form	
Operational Information Section	**continued**
Data Field	**Description**
List any vehicles used in operation	Description of each vehicle used in performing the cleaning/disinfection activity. Manually enter a description of each vehicle, separated by commas. *Example*: GMC Sierra Pickup License CO-444, Ford Van License CO-3132, International Water Truck License WY-86587.
List any vehicles that were C&D	Description of each vehicle that was cleaned/disinfected as part of the activity. Manually enter a description of each vehicle, separated by commas. *Example*: GMC Sierra Pickup License CO-444, Ford Van License CO-3132.
Requirements	List any special requirements for performing cleaning/disinfection activities on the premises.
PPE Requirements	Description of any Personal Protection Equipment (PPE) needed for this cleaning/disinfection activity.
Equipment (list equipment required to accomplish operations)	Description of each type of equipment used as part of the activity. Manually enter a description of each piece of equipment, separated by commas. *Example*:: Five Beecham 5-gallon handheld sprayers, One 10-gallon propane canister, Three spare sprayer nozzles, etc.
Disinfectant used	Brand name of the disinfectant that was used in the activity.
Personnel	Personnel roster that lists who was present on the premises (in case any health or disease issues arise). *Note*: If the roster is lengthy, you can attach it as a separate document to this Cleaning and Disinfection Summary Form rather than typing the entire roster into this data field . (See Step 5 below for attachment instructions.)
Amt and units of disinfectant used	Quantity of the disinfectant that was used in the activity. 1. In the first data field, manually enter the quantity of disinfectant used as a numeric value. 2. In the second data field, use the LOV to specify the unit of measurement. The choices are: <table><tr><td>gal</td><td>gallon</td></tr><tr><td>qt</td><td>quart</td></tr><tr><td>oz</td><td>ounce</td></tr><tr><td>lbs</td><td>pounds</td></tr></table>
Premises Activities (narrative)	Description of the cleaning/disinfection activities that were performed at a premises. *Example*: For an Assessment Survey, you might include details about the premises that was visited, the location(s) of any areas on the premises that need to be cleaned and disinfected, any environmental issues/concerns, a list of special equipment that is needed, and the disinfecting process to be used.
Inspected By ∗	Last and first name of the individual who inspects the premises after the cleaning/disinfection activities are completed. 1. Start typing the name in the data field next to the **Inspected By** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with the individual who inspects the premises after the cleaning/disinfection activities are completed. Auto-filled with the appropriate code #.
Date of Disinfection ∗	Date on which the disinfection activity was completed on the premises. *Note*: Any cleaning work should have been completed before any disinfection work. There are three ways to enter this date: • Click on the Today icon (🔲) to enter the current date. • Click on the Calendar icon (🔲) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

⑤ File Attachments Section – Use to associate other documents with the Cleaning and Disinfection Summary Form. *Examples of such attachments can be*: assessment surveys, certificates of team members' Personal Protection Equipment (PPE) qualifications, diagrams of the cleaning/disinfection procedures that were implemented, etc. *Tip*: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on Browse... .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑥ Document History Section (view-only) – Displays information about the persons who created/edited this form.

⑦ After entering all of your data in this form, click on 🖫 SAVE .

   The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑧ Edit History Section (view-only) – Displays information about recent changes that have been made to this form.

Cleaning and Disinfection Summary Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

🖊 EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on 🖫 SAVE .
📝 NEW C&D FORM	Click, to open a new Cleaning and Disinfection Summary Form or a list of pending CDR forms.
✉ MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Cleaning and Disinfection Summary Form and is ready for you to email.
🗐 CHANGE INVES	Click, to associate this form with a different Investigation Summary Form.
✖ REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
✖ DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
❓ HELP	Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Cleaning and Disinfection Summary Form** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Cleaning & Disinfection**.

  b. In the View data field, select a format for this report.

  c. Click on the 🔵 symbol to generate this report.

Cleaning & Disinfection ▼	Category
C & D by Status ▼	View 🔵 ❓
C & D by Status	
C & D by Status & Location	
Brucellosis Questionnaires by Status	

Section 8: Disposal Detail Form

Form's purpose:	-- Documents the disposal of animals or materials. It identifies where, how, and when each item was disposed. -- Provides an embedded view of any items that were appraised for this premises. -- A separate Disposal Detail Form must be created for each type of item that is disposed of.
Pre-requisite(s):	Create this form *only after* you have already completed the Euthanasia and Disposal Summary Form.
To access this form:	On the Euthanasia and Disposal Summary Form, click on DISP DETAIL .

Data-Entry Procedure

1 You should have a blank Disposal Detail Form displayed onscreen (see below).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

2 **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Disposal Detail Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Disposal Detail Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Item Disposal Section** – Complete this section according to the guidelines below:

* Required field

Disposal Detail Form	
Item Disposal Section	
Data Field	**Description**
Date Disposed ∗	Date on which the items were disposed.
	There are two ways to enter this date:
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
Disposal Item ∗	Type of item that was disposed.
	Use this data field's LOV to make a selection. The choices are: | Animals	Feed
Bedding	Manure
Cages/pens	Milk
Eggs	Other Materials	
Species ∗	Species to which the disposed animals belonged.
	Use this data field's LOV to make a selection.

Disposal Detail Form	
Item Disposal Section	continued
Data Field	**Description**
Disposal Unit ∗	Unit of measurement that applies to the disposed items. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Number</td><td>Lbs (pounds)</td><td>Ton</td></tr></table>
Number of items ∗	Quantity of items that was disposed. Manually enter this value.
Method of disposal ∗	Disposal method for the item identified in the **Disposal Item** data field. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Burn</td><td>Other</td></tr><tr><td>Bury</td><td>Render</td></tr><tr><td>Compost</td><td>Slaughter</td></tr><tr><td>Landfill</td><td></td></tr></table>
Location Latitude	Positive number that represents the North-South coordinates for the disposal location, if the items were disposed of at a location other than the premises on which they resided or were used. Enter as decimal degrees, using this format: *nn.nnnnnn* Example: `48.552000`
Location Longitude	Negative number that represents the East-West coordinates for the disposal location, if the items were disposed of at a location other than the premises on which they resided or were used. Enter as decimal degrees, using this format (include a minus sign): *-nnn.nnnnnn* Example: `-104.552000`
Remarks	-- Additional explanations regarding the disposed items. -- If the number disposed of is less than or greater than the number appraised because of birth, deaths, or other reasons, add an explanation here.

④ File Attachments Section – Use to associate other documents with the Disposal Detail Form.
Examples of such attachments can be: price quotations for equipment rentals/purchases, invoices by contractors who transported the disposed items, pre- and post-disposition photographs of the disposed items/animals, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on Browse… .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

    Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑤ Document Management Section (view-only) – Displays information about the persons who created/edited this form.

⑥ After entering all of your data in this form, click on 💾 SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑦ Edit History Section (view-only) – Displays information about recent changes that have been made to this form.

Disposal Detail Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  NEW DISPOSAL DETAIL   Click, to open a new Disposal Detail Form.

  MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Disposal Detail Form and is ready for you to email.

  REQUEST DELETION   Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

  HELP   Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **E&D Summary** -> **Disposal Detail** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Euthanasia & Disposal**.
  b. In the View data field, select a format for this report.
  c. Click on the 🔵 symbol to generate this report.

Euthanasia & Disposal   ▼   Category
E&D by Status   ▼   View 🔵 ❓
E&D by Status
Control Forms by Status
Inves w/o E&D Summ-Open Inves Only
E&D Reconciled Counts-Open Inves Only
E&D Summ By Assignee-Open Inves Only

Section 9: Euthanasia and Disposal Summary Form

Form's purpose:	-- Assigns and records the activities for euthanizing and disposing of animals and materials on a premises.
	-- Documents crew composition, equipment, and other supplies used on a premises for euthanasia and disposal purposes.
	-- There should only be one of this form that covers all euthanasia and disposal activities on a premises unless there are animals that are missed or there is a need to depopulate partial herds or flocks over a period of time.
Pre-requisite(s):	Create this form *only after* you have already completed the Appraisal Summary Form.
To access this form:	1. On the Investigation Summary Form, click on FOLLOW-UP FORMS .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Euthanasia and Disposal Summary** link.
	4. You may see a screen that lists any existing Euthanasia and Disposal Summary Forms already associated with the premises in this case.
	~ To edit an existing form, select its **Click here to edit this form** link.
	~ To open a blank form, select **Click here to create a new EDAR**.

Data-Entry Procedure

1 You should have a blank Euthanasia and Disposal Summary Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Equipment, Supplies, Personnel Required:

List of personnel available (Vet. & AHT identified specifically) to be assigned on euthanasia:

List of personnel assigned to euthanasia team:

Potential number of animals to depopulate:

82   **animals**

List of working equipment on site or to be delivered for the restraints of animals (i.e., chutes, panels, trailers, etc.):

List of local suppliers of euthanasia equipment (i.e., euthanasia solution, caps for captive bolt, etc.):

Euthanasia (continued) — See Step ③

Disposal

Disposal Crew Chief *   Employee ID
(Enter as Last Name, First Name)

Date Disposal Assigned *

Disposal Start Date *
   Today   Calendar

Date Disposal is Completed *
   Today   Calendar

Equipment, Supplies, Personnel Required:

List of personnel available (Vet. & AHT identified specifically) to be assigned on disposal:

List of personnel assigned to disposal team:

List of local expert animals handlers for consulting for exotic species (i.e., cervidae, zoo animals):

List of working equipment on site or to be delivered for the restraints of animals (i.e., chutes, panels, trailers, etc.):

List of local suppliers of disposal equipment:

Disposal — See Step ④

---

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

   * Required field

Euthanasia and Disposal Summary Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.

Euthanasia and Disposal Summary Form	
Prem Info Section	**continued**
Data Field	**Description**
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Euthanasia and Disposal Summary Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Euthanasia Section** – Complete this section according to the guidelines below:

* Required field

Euthanasia and Disposal Summary Form	
Euthanasia Section	
Data Field	**Description**
Euthanasia Crew Chief ∗	Last and first name of the individual who will serve in this position. 1. Start typing the name in the data field next to the **Euthanasia Crew Chief** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Date Euthanasia Assigned ∗	Date on which the euthanasia activity was assigned to a euthanasia team. There are two ways to enter this date: • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Euthanasia Start Date ∗	Date on which the euthanasia activity was started. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date Euthanasia is Completed ∗	Date on which the euthanasia activity was completed. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Equipment, Supplies, Personnel Required	Manually enter this information – include details such as equipment, descriptions, equipment quantities, rental/lease/purchase costs for equipment, personnel skill sets, job descriptions, certifications, etc.
List of personnel available…	List of available individuals who can potentially serve on the euthanasia team.
List of personnel assigned to euthanasia team	List of individuals who have been officially assigned to the euthanasia team.

Euthanasia and Disposal Summary Form	
Euthanasia Section	**continued**
Data Field	**Description**
Potential number of animals…	Total number of animals that may need to be euthanized.
List of working equipment on site or to be delivered for the restraints of animals…	Manually enter this information – include details such as equipment, quantities, rental/lease/purchase costs, location of equipment, etc.
List of local suppliers of euthanasia equipment…	Manually enter this information – include details such as names, contact information, operating hours, etc.

4 **Disposal Section** – Complete this section according to the guidelines below:

* Required field

Euthanasia and Disposal Summary Form	
Disposal Section	
Data Field	**Description**
Disposal Crew Chief ✶	Last and first name of the individual who will serve in this position. 1. Start typing the name in the data field next to the **Disposal Crew Chief** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Date Disposal Assigned ✶	Date on which the disposal activity was assigned to a disposal team. There are two ways to enter this date: • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type in the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Disposal Start Date ✶	Date on which the disposal activity was started. There are three ways to enter this date: • Click on the Today icon (📆) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date Disposal is Completed ✶	Date on which the disposal activity was completed. There are three ways to enter this date: • Click on the Today icon (📆) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Equipment, Supplies, Personnel Required	Manually enter this information – include details such as equipment, descriptions, equipment quantities, rental/lease/purchase costs for equipment, personnel skill sets, job descriptions, certifications, etc.
List of personnel available…	List of available individuals who can potentially serve on the disposal team.
List of personnel assigned to disposal team	List of individuals who have been officially assigned to the disposal team.
List of local expert animal handlers for consulting for exotic species…	Manually enter this information – include details such as names, contact information, operating hours, consulting fees, etc.

Euthanasia and Disposal Summary Form	
Disposal Section	**continued**
Data Field	**Description**
List of working equipment on site or to be delivered for the restraints of animals…	Manually enter this information – include details such as equipment, quantities, rental/lease/purchase costs, location of equipment, etc.
List of local suppliers of disposal equipment	Manually enter this information – include details such as names, contact information, operating hours, etc.

5 After you have entered all of your data into this form, click on 🔖 SAVE .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **Euthanasia Detail**, **Disposal Detail**, **File Attachments**, **Edit History**, and **Document Management**. (See the screenshot below.)

6 **Euthanasia Detail Section** (view-only) – Displays any data that was previously entered/saved in a Euthanasia Detail Form. (*Optional*: Click on a link under **Species** to open and display the selected item's Euthanasia Detail Form.)

7 **Disposal Detail Section** (view-only) – Displays any data that was previously entered/saved within a Disposal Detail Form. (*Optional*: Click on a link under **Item** to open and display the selected item's Disposal Detail Form.)

8 **File Attachments Section** – Use to associate other documents with the Euthanasia and Disposal Summary Form. *Examples of such attachments can be*: copies of price quotations for equipment rentals/purchases, invoices from personnel/contractors who performed the euthanasia and disposal activities, billing invoices for landfill/cremation depositories, photographs of the euthanasia locations, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

    Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

(9) **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

(10) **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

Euthanasia and Disposal Summary Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  EUTH DETAIL Click, to open a new Euthanasia Detail Form.

  DISP DETAIL Click, to open a new Disposal Detail Form.

  MAIL IT Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Euthanasia and Disposal Summary Form and is ready for you to email.

  CHANGE INVES Click, to associate this form with a different Investigation Summary Form.

  REQUEST DELETION Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC Click, to permanently delete this form and all descendent documents created from it.

  HELP Click, to display a Help Document about this form. Click on **X** to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> E&D Summary** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Euthanasia** **Disposal** **E & D Details** **Attachments** **All Sections** Form Navigation Bar to navigate within the Euthanasia and Disposal Summary Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Euthanasia & Disposal**.
  b. In the View data field, select a format for this report.
  c. Click on the symbol to generate this report.

  | Euthanasia & Disposal |
  | E&D by Status |

  Category
  View

  SUGGESTIONS

  E&D by Status
  Control Forms by Status
  Inves w/o E&D Summ-Open Inves Only
  E&D Reconciled Counts-Open Inves Only
  E&D Summ By Assignee-Open Inves Only

Section 10: Euthanasia Detail Form

Form's purpose:	-- Documents the euthanasia activity by species.
	-- Provides an embedded view of any species on the premises that have been appraised.
	-- A separate Euthanasia Detail Form must be created for each species that is euthanized.
	Note: The number of animals euthanized should not be greater than the number that were appraised – as the appraisal task should be performed on all euthanized animals.
Pre-requisite(s):	Create this form *only after* you have already completed the Euthanasia and Disposal Summary Form.
To access this form:	On the Euthanasia and Disposal Summary Form, click on **EUTH DETAIL** .

Data-Entry Procedure

1 You should have a blank Euthanasia Detail Form displayed onscreen (see below).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

EUTHANASIA DETAIL   Incident: **Training**   Incident Site: **Ohio**

▼ **Hide Prem Info**

Referral Control Number	**080528103004A**	Prem ID	**OH111**
Local ID		Prem Name	
		Prem Owner	**Harris, Jim**
Case Classification		Prem Address	**1012 Lands End**
			Columbus OH, 44338
		Prem County	**Cuyahoga**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info — See Step ②

Euthanasia Info

Note: A separate Euthanasia Detail Form must be created for each species euthanized.

Date Euthanized *:   06/06/2008

Species euthanized *:

Number of this species euthanized *:

Method of euthanasia (AVMA approved) *:   CO2

Euthanasia reason *:

Note: Enter latitude or longitude if different from premises location:
Location Latitude:

Location Longitude:

Euthanasia Remarks:

Necropsy performed? *   ○ Yes ◉ No

Euthanasia Info — See Step ③

File Attachments

File Upload		Browse...
File Upload		Browse...
File Upload		Browse...

File Attach — See Step ④

Document Management

Document Type	**Euthanasia Detail**
Document Editors	**Susan Johnston/CO/APHIS/USDA**
Document Creator	**Susan Johnston**
Document Creation Date	**06/06/2008**

Doc Mgmt — See Step ⑤

2 **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Euthanasia Detail Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Euthanasia Detail Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Euthanasia Info Section** – Complete this section according to the guidelines below:

* Required field

Euthanasia Detail Form	
Euthanasia Info Section	
Data Field	**Description**
Date Euthanized ∗	Date on which all animals of the same species were euthanized. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon (🗓) to display and use a pop-up calendar.
Species euthanized ∗	Species to which the euthanized animal(s) belonged. Use this data field's LOV to make a selection.
Number of this species euthanized ∗	Number of animals that were euthanized.

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Euthanasia Detail Form	
Euthanasia Info Section	**continued**
Data Field	**Description**
Method of euthanasia (AVMA approved) ∗	An American Veterinary Medical Association-approved procedure used to euthanize the animal(s). Use this data field's LOV to make a selection. The choices are: <table><tr><td>Barbiturate</td><td>Other</td></tr><tr><td>Cervical dislocation</td><td>Owner</td></tr><tr><td>CO2</td><td>WS</td></tr><tr><td>NA</td><td></td></tr></table>
Euthanasia reason ∗	Justification for the euthanasia activity. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Adjacent</td><td>Infected</td></tr><tr><td>Dangerous Contact</td><td>Vaccinated</td></tr><tr><td>Exposed</td><td></td></tr></table>
Location Latitude	Positive number that represents the North-South coordinates for the euthanasia location (if the animals were euthanized at a location other than the premises on which they resided). Enter as decimal degrees, using this format: *nn.nnnnnn* Example: `48.552000`
Location Longitude	Negative number that represents the East-West coordinates for the euthanasia location (if the animals were euthanized at a location other than the premises on which they resided). Enter as decimal degrees, using this format (include a minus sign): *-nnn.nnnnnn* Example: `-104.552000`
Euthanasia Remarks	Additional information about the euthanasia activity.
Necropsy performed? ∗	**Yes** = a necropsy was performed on each euthanized animal. **No** = a necropsy was not performed on each euthanized animal.

4 **File Attachments Section** – this section is where you can associate other documents with the Euthanasia Detail Form. *Examples of such attachments can be*: price quotations for equipment rentals/purchases, invoices by veterinary personnel who performed the euthanasia activities, photographs of euthanasia procedures, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

5 **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

6 After entering all of your data in this form, click on SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

7 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Euthanasia Detail Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  NEW EUTH DETAIL Click, to open a new Euthanasia Detail Form.

  MAIL IT Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Euthanasia Detail Form and is ready for you to email.

  REQUEST DELETION Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC Click, to permanently delete this form and all descendent documents created from it.

  HELP Click, to display a Help Document about this form. Click on ☒ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **E&D Summary** -> **Euthanasia Detail** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Euthanasia & Disposal**.

  b. In the View data field, select a format for this report.

  c. Click on the ⟳ symbol to generate this report.

Section 11: Herd/Flock Exam Form

Form's purpose:	-- Gathers observations about animal clinical signs and lesions, animal history, who did the examination, and what diagnostic conclusions were made from these observations. -- If return visits are made to the same premises, additional Herd/Flock Exam Forms can be created for each visit. -- Separate herds or species groups may be recorded on multiple Herd/Flock Exam Forms.
Pre-requisite(s):	None. This form can be created at any time during an investigation.

To access this form:	1. On the Investigation Summary Form, click on ⭐ **FOLLOW-UP FORMS** .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Herd Exam Form** link.
	4. You may see a screen that lists any existing HerdExam Forms already associated with the premises in this case.
	    ~ To edit an existing form, select its **Click here to edit this form** link.
	    ~ To open a blank form, select **Click here to create a new HerdExam**.

Data-Entry Procedure

1 You should have a blank Herd/Flock Exam Form displayed onscreen (see below).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Herd/Flock Exam Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Herd/Flock Exam Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ **Animal Owner Contact Information Section** – Is auto-filled with data in the Investigation Summary Form that was already created for this case. To edit this section, use the following guidelines:

* Required field

Herd/Flock Exam Form	
Animal Owner Contact Information Section	
Data Field	**Description**
Owner's Last Name	Last name of the animal owner.
Owner First Name	First name of this owner.
Owner MI	Middle initial of this owner.
Home Phone	Telephone number for the residence where this owner lives.
Fax Number	Fax machine used by this owner.
Cell Phone	Telephone number for a cell phone associated with this owner.
Pager	Number for a pager associated with this owner.
Owner Company Name	Name of this owner's business.
Work Phone	Telephone number for this owner's business.
Address	Primary mailing address information for this owner's business/residence.
Address2	Secondary mailing address information for this owner's business/residence.
City	Name of the city in which the mailing address for this owner's business/residence is located.

Herd/Flock Exam Form	
Animal Owner Contact Information Section	**continued**
Data Field	**Description**
State	State in which the mailing address for this owner's business/residence is located.
Zip	Zip code for the mailing address of this owner's business/residence.
County	County in which the mailing address for this owner's business/residence is located.

4 **Investigator Contact Information Section** – Complete this section according to the guidelines below:

* Required field

Herd/Flock Exam Form	
Investigator Contact Information Section	
Data Field	**Description**
Tentative Scheduled Date	Date on which the investigator is scheduled to visit the premises to perform a herd/flock exam. There are three ways to enter this date: • Click on the Today icon ( ) to enter the current date. • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Reasons	Justification on why an investigator will perform a herd/flock exam on the premises. Use this data field's LOV to make a selection.
Assigned Investigator *	Last and first name of the investigator who will perform the herd/flock exam. 1. Start typing the name in the data field next to the **Assigned Investigator** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Date Assigned *	Date on which the investigator is notified of his/her assignment to perform the herd/flock exam. *Note*: This is also the trigger date for changing the Form Status from **Pending** to **Assigned**. There are two ways to enter this date: • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type in the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Work Phone	Business telephone number that is associated with the investigator. This data field may be auto-filled, or you can enter/edit it manually.
Pager	Pager telephone number that is associated with the investigator. This data field may be auto-filled, or you can enter/edit it manually.
Field Fax	Fax machine number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.
Field Phone	Telephone number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.
Field Cell Phone	Cell telephone number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.
E-Mail	E-mail address that is associated with the investigator. This data field may be auto-filled, or you can enter/edit it manually.

5 After you have entered all of your data into this form, click on SAVE .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **Exam Date/Clinical History, Animal Information, Physical Exam, Necropsy Exam, Diagnosis Impression, Lab Submission Forms, File Attachments,** and **Document Management**.

6 At this point, you have entered all of the initial data into the Herd/Flock Exam Form. The rest of this form should be filled out after the assigned investigator has visited the premises, performed herd/flock exams on the affected animals, and has the exam-related data available.

To enter the investigator's data, access the Herd/Flock Exam Form by either method below:

- If this form is currently open, click on ![EDIT] .

- If this form is not currently open, do the following:

  a. Open the Investigation Summary Form for this case.

  b. On the form, find the Follow-up Forms section.

  c. In this section, click on the **Herd Exam Form** link.

  d. Click on ![EDIT] .

You now see the newly-added sections in edit mode (shown below and on the next two pages).

Physical Exam

○ Individual ○ Group   Id #(s): [   ]

Category	Normal?	Comments - If group detail in comments individual animals
General	○ Yes ○ No ◉ No Exam	[ ]
Skin	○ Yes ○ No ◉ No Exam	[ ]
Head Area	○ Yes ○ No ◉ No Exam	[ ]
Respiratory	○ Yes ○ No ◉ No Exam	[ ]
Cardiovascular	○ Yes ○ No ◉ No Exam	[ ]
Abdomen - Digestive	○ Yes ○ No ◉ No Exam	[ ]
Urogenital including Reproductive	○ Yes ○ No ◉ No Exam	[ ]
Musculoskeletal	○ Yes ○ No ◉ No Exam	[ ]
Nervous	○ Yes ○ No ◉ No Exam	[ ]
Lymph Node	○ Yes ○ No ◉ No Exam	[ ]
Diet	○ Yes ○ No ◉ No Exam	[ ]

See Step ⑨

Necropsy Exam

○ Individual ○ Group   Id #(s): [   ]

Category	Normal?	Comments - If group detail in comments individual animals
General	○ Yes ○ No ◉ No Exam	[ ]
Skin	○ Yes ○ No ◉ No Exam	[ ]
Head Area	○ Yes ○ No ◉ No Exam	[ ]
Respiratory	○ Yes ○ No ◉ No Exam	[ ]
Cardiovascular	○ Yes ○ No ◉ No Exam	[ ]
Abdomen - Digestive	○ Yes ○ No ◉ No Exam	[ ]
Urogenital including Reproductive	○ Yes ○ No ◉ No Exam	[ ]
Musculoskeletal	○ Yes ○ No ◉ No Exam	[ ]
Nervous	○ Yes ○ No ◉ No Exam	[ ]
Lymph Node	○ Yes ○ No ◉ No Exam	[ ]
Diet	○ Yes ○ No ◉ No Exam	[ ]

See Step ⑩

Diagnosis Impression

Differential Field Diagnosis*

	Foreign Animal Diseases	**Domestic Diseases**
	African Horse Sickness	Actinobacillus pleuropneumoniae
	African Swine Fever	Actinomycosis
	Akabane	Adenovirus
	Avian Influenza, High Path	Anaplasmosis
	Bovine Babesiosis (Piroplasmosis)	Anthrax

Other
To add to the list of most probable diag, add disease names and separate by a comma with no spaces

Most probable diagnosis [▼]   [▼]

Confidence in diagnosis [▼]   [▼]

Have samples been taken? ○ Yes ○ No

Field evaluation/comments [   ]

See Step ⑪

Lab Submission Forms

No documents found

Submission Purpose	Lab Submitted To	Ship Date	Air Bill Number	Lab Accession #	Field Tracking #

See Step ⑫ — Lab Sub

File Attachments

File Upload		Browse...
File Upload		Browse...
File Upload		Browse...

See Step ⑬ — File Attach

Document Management

Document Type	Herd Exam Form
Document Editors	
Document Creator	Susan Johnston
Document Creation Date	08/14/2008

See Step ⑭ — Doc Mgmt

---

7 **Exam Date/Clinical History Section** – Complete this section according to the guidelines below:

* Required field

Herd/Flock Exam Form	
Exam Date/Clinical History Section	
Data Field	**Description**
Exam Date ∗	Date on which the herd exam activity was started. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Exam Time	Starting time when the herd exam was begun. Use this data field's LOV to make a selection.
Clinical History	Information collected during the initial phone interview between the assigned investigator and the individual/party who referred the case. Manually enter this information.

---

8 **Animal Information Section** – Complete this section according to the guidelines below:

* Required field

Herd/Flock Exam Form	
Animal Information Section	
Data Field	**Description**
Date of Onset of Condition ∗	Date on which the first physical symptoms were observed in animals on the premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date of First Death	Date on which the first suspicious death occurred on the premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Herd/Flock Exam Form	
Animal Information Section	**continued**
Data Field	**Description**
Primary Species Affected ∗	Species which has the highest number of affected animals. Use this data field's LOV to make a selection.
Breed	Group of animals that have the same distinguishing characteristics. To select multiple choices, hold down the CTRL key while left-clicking once on each choice.
Purpose of Animals	Reason why the animals in this species are being raised/bred. To select multiple choices, hold down the CTRL key while left-clicking once on each choice.

# Sick ∗ 	
   # Dead ∗
   Number Unaffected
   Total
	Manually type in the number in the **# Sick**, **# Dead**, and **Number Unaffected** columns. (The **Total** data field will then auto-fill with the sum of **(# Sick** + **# Dead** + **Number Unaffected.)** *Tip*: To enter the value of zero, either type the number "0" or leave the data field blank.

Second Species Affected	Species which has the second-highest number of affected animals. Use this data field's LOV to make a selection.
Breed	Group of animals that have the same distinguishing characteristics. To select multiple choices, hold down the CTRL key while left-clicking once on each choice.
Purpose of Animals	Reason why the animals in this species are being raised/bred. To select multiple choices, hold down the CTRL key while left-clicking once on each choice.

# Sick ∗ 	
   # Dead ∗
   Number Unaffected
   Total
	Manually type in the number in the **# Sick**, **# Dead**, and **Number Unaffected** columns. (The **Total** data field will then auto-fill with the sum of **(# Sick** + **# Dead** + **Number Unaffected.)** *Tip*: To enter the value of zero, either type the number "0" or leave the data field blank.

Other Species Susceptible/ Affected	Other species which may have affected animals. To select multiple choices, hold down the CTRL key while left-clicking once on each choice.

# Sick ∗ 	
   # Dead ∗
   Number Unaffected
   Total
	Manually type in the number in the **# Sick**, **# Dead**, and **Number Unaffected** columns. (The **Total** data field will then auto-fill with the sum of **(# Sick** + **# Dead** + **Number Unaffected.)** *Tip*: To enter the value of zero, either type the number "0" or leave the data field blank.

Total Number in Herd	These data fields are auto-filled with the sums of each column.

9 **Physical Exam Section** – Complete this section according to the guidelines below:

* Required field

Herd/Flock Exam Form	
Physical Exam Section	
Data Field	**Description**
Individual Group	Indication that the information being reported in this section applies to either a single animal or to a group of animals.
	Check the radio button next to the option you want.
Id #(s)	Identification number for an individual animal or for a herd/flock.
	Examples:
	- A premises has a herd of five horses (Suzy, Bob, Sally, Joe, Daisy, and Shorty). Give this herd a single ID #. Then, enter details about individual animals in the **Comments** data fields for each appropriate clinical finding category (see Step 9b below).
	- Identify a poultry house as **House 5**.
	Manually enter one or more numbers, separated by commas.

9a.
For each **Category** listed below, check only one radio button under the **Normal?** column:

Yes	The animal or herd/flock was examined for this category's characteristics and was determined to be *normal*.
No	The animal or herd/flock was examined for this category's characteristics and was determined to be *not normal*.
No Exam	The animal or herd/flock was not examined for this category's characteristics.

Category	Characteristics to assess in the animal(s)
General	Temperature, behavior, gait, body condition, and general appearance of the animal.
Skin	Appearance of the texture, temperature, dryness-moisture content, inflammation, etc. pertaining to the animal's skin.
Head Area	Appearance of the animal's face, neck, ears, eyes, and oral cavity.
Respiratory	The animal's thorax /respiratory pattern, sounds, and rate.
Cardiovascular	The animal's pulse, venis, membranes, heart rhythm, and sounds.
Abdomen – Digestive	The animal's abdominal sounds, fecal consistency, tenderness, etc.
Urogenital including Reproductive	The animal's genitals and mammary glands.
Musculoskeletal	Description of any lameness, limb appearance, and joint appearance exhibited by the animal.
Nervous	The animal's cranial nerves, gait, posture, reflexes, response to sounds, etc.
Lymph Node	Description of any swelling, hemorrhaging, or abscess exhibited by the animal.
Diet	The animal's diet, liquid consumption, eating habits, etc.

9b.
If a **Category** applies to a herd/flock of animals, manually enter details about any individual affected animals in the **Comments** data field.

Example:

10 **Necropsy Exam Section** – Complete this section according to the guidelines below:

* Required field

Herd/Flock Exam Form	
Necropsy Exam Section	
Data Field	**Description**
Individual Group	Indication that the information being reported in this section applies to either a single animal or to a group of animals.
	Check the radio button next to the option you want.
Id #(s)	Identification number for an individual animal or for a herd/flock.
	Manually enter one or more numbers, separated by commas.

10a.
For each **Category** listed below, check only one radio button under the **Normal?** column:

Yes	The animal or herd/flock was examined for this category's characteristics and was determined to be *normal*.
No	The animal or herd/flock was examined for this category's characteristics and was determined to be *not normal*.
No Exam	The animal or herd/flock was not examined for this category's characteristics.

Category	Characteristics to assess in the animal(s)
General	Temperature, behavior, gait, body condition, and general appearance of the animal.
Skin	Description of the texture, temperature, dryness-moisture content, inflammation, etc. pertaining to the animal's skin.
Head Area	Condition of the animal's face, neck, ears, eyes, and oral cavity.
Respiratory	Description of any collapsed or meaty lungs, foamy or pus-filled exudate, hemorrhages, abscesses, etc.
Cardiovascular	Condition of the animal's heart and vessels.
Abdomen – Digestive	Condition of the animal's intestines, liver, peritoneum, pancreas, and digestive content.
Urogenital including Reproductive	Condition of the animal's kidneys, bladder, genitals, and mammary glands.
Musculoskeletal	Condition of the animal's joints, joint fluid (such as color and consistency), any hemorrhages, etc.
Nervous	Condition of the animal's brain, spinal cord, nerves, etc.
Lymph Node	Description of any swelling, hemorrhaging, edemas, etc. in the animal's lymphatic system.
Diet	Description of the animal's solid-food and liquid consumption.

10b.
If a **Category** applies to a herd/flock of animals, manually enter details about any individual affected animals in the **Comments** data field.

Example:

11 **Diagnosis Impression Section** – Complete this section according to the guidelines below:

* Required field

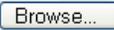| Herd/Flock Exam Form	
Diagnosis Impression Section	
Data Field	**Description**
Differential Field Diagnosis ∗	One or more "possible" diagnoses that could describe the affected animals. *Tip*: To select multiple choices, hold down the CTRL key while left-clicking once on each choice. You should make selections from both the **Foreign Animal Diseases** and **Domestic Diseases** LOVs.
Other	Additional "most probable" diagnoses that describe the affected animals. Manually enter each disease name in the blank data field(s) under the **Foreign Animal Diseases** and **Domestic Diseases** columns. (When entering multiple diseases in a single data field, separate them with a comma, but no spaces).
Most probable diagnosis	One or more "most probable" diagnoses that describe the affected animals. *Tip*: To select multiple choices, hold down the CTRL key while left-clicking once on each choice. You should make selections from both the **Foreign Animal Diseases** and **Domestic Diseases** LOVs.
Confidence in diagnosis	Levels of conviction for the **Most Probable Foreign Animal Diseases** and **Domestic Diseases** values. Use this data field's LOV to make your selections. The choices are: **Unlikely** — Does not seem likely, given the physical findings and history. **Possible** — I cannot rule this out from the physical findings and history. **Highly Likely** — I think this looks like the possible cause, and it fits the physical findings and history. You should make selections from both the **Foreign Animal Diseases** and **Domestic Diseases** LOVs.
Have samples been taken?	**Yes** = Samples were collected from the affected animal or animal herd during this herd exam visit. **No** = Samples were not collected from the affected animal or animal herd during this herd exam visit.
Field evaluation/ comments	Additional information that describes the premises where the affected animals reside, environmental conditions, etc.

12 **Lab Submission Forms Section** (view-only) – Displays information about any Lab Submission Forms that have been created as part of this case.

13 **File Attachments Section** – Use to associate other documents with the Herd/Flock Exam Form.
Examples of such attachments can be: clinical charts for individual animals, photographs of the examined animals on the premises, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

14 **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

15 After you have entered all of your data into this form, click on ◇ **SAVE** .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

16 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.
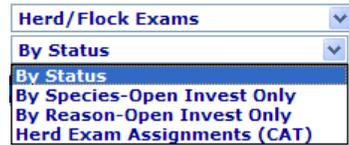
Herd/Flock Exam Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE**.
CREATE LAB SUB	Click, to open a new Lab Submission Form.
NEW HERD EXAM	Click, to open a new Herd/Flock Exam Form.
CHANGE INVES	Click, to associate this form with a different Investigation Summary Form.
REQUEST DEL	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
MAIL	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Herd/Flock Exam Form and is ready for you to email.
RETURN VISIT	a. Click, to open a screen where you can both schedule the next visit to this same premises and automatically create a new Herd/Flock Exam Form to be used for that visit.

b. In this screen, click on the radio button next to **err** to display a list of visit reasons (shown at right).

Next to each visit reason is its days-in-advance value (the recommended days to wait before visiting a premises again to do follow-up herd/flock exams). This value appears as either:
- a single number
- a range

1 -Select a reason that has the appropriate number of days

2 - If you have a correct reason, but need different number of days enter number of days in the box

3 - Push Create

Format: reason~#days

○
○ BZ -Diagnostic 2~14   Change Number of Days to: [   ]
○ Sentinel Bird Exam~7
○ AZ -Diagnostic 3~14
○ Re-Exam~14
○ Assign Surveillance 1 km~45
○ SZ -Diagnostic 3~14
○ Compliance Revisit~21
○ AZ -Diagnostic 2~14
○ SZ -Diagnostic 2~14
○ Diagnostic 2~14

	Explanation	Example
a single number (i.e., **~21**)	The next premises visit should be done in 21 days, counting forward from either the **Exam Date** or **Tentative Scheduled Date** on the current Herd/Flock Exam Form.	Reason = **Sentinel Bird Exam** Days-in-advance value = **7** Exam Date on current Herd/Flock Exam Form = **8/1/2008** Date of next premises visit to do follow-up exams = **8/8/2008**
a range (i.e., **2~14**)	The next visit should be 2 days at the earliest up to 14 days at the latest, counting forward from either the **Exam Date** or **Tentative Scheduled Date** on the current Herd/Flock Exam Form.	Reason = **BZ-Diagnostic** Days-in-advance value = **2~14** Exam Date on current Herd/Flock Exam Form = **8/1/2008** Earliest Date of next premises visit to do follow-up exams = **8/3/2008** Latest Date of next premises visit to do follow-up exams = **8/15/2008** The EMRS, by default, uses the higher number in a range. You can change this default (see Step d below).

c. Check the radio button next to the appropriate reason.

d. To change the default single-number value, or to use a number in a range value that is not the higher number, enter this new value in the **Change Number of Days** to data field.

e. Click on **Create**.

f. A list of forms is displayed. Click on the link for the form you want to work in.

- Use the **WelcomePage** -> **Investigation Summary** -> **Herd Exam Form** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the | Anim Owner Info | Investigator | Exam Summary | Animal Info | Exams | Diagnosis | Lab view | Files | **All Sections** | Form Navigation Bar to navigate within the Herd/Flock Exam Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Herd/Flock Exams**.

  b. In the View data field, select a format for this report.

  c. Click on the 🔄 symbol to generate this report.

Section 12: Hurricane Damage Assessment Form

Form's purpose:	-- Gathers any observations concerning assessments of animal loss and damage to facilities, feed, or crops after a hurricane or other natural disaster (including tornadoes and floods).
	-- You can create additional Hurricane Damage Assessment Forms for each return visit to the same premises and/or animal/herd/flock.
Pre-requisite(s):	Create this form *only after* you have already started the Investigation Summary Form.
To access this form:	1. On the Investigation Summary Form, click on ⭐ **FOLLOW-UP FORMS** .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Hurricane Damage Assessment** link.

Data-Entry Procedure

1 You should have a blank Hurricane Damage Assessment Form displayed onscreen (see below and the next two pages).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Prem Info — See Step ②

Investigator Contact Information — See Step ③

Assessment Summary

Assessment Type   ☐ **Phone** ☐ **Site Visit** ☐ **Other**

Please Specify [＿＿＿＿＿＿＿]

Assessment Date *   [＿＿＿＿＿] 🗓 ⏰
      Today   Calendar

Assessment Comments [＿＿＿＿＿＿＿＿＿＿＿＿]

Assessment Summary

See Step ④

Animal Information

	Species	# Sick *	Date of 1st Sickness	# Dead *	Date of 1st Death	
Primary Species Affected. *	[＿＿＿▾]					
Breed ❓	[■＿]	[＿]	[＿＿＿] ⏰	[＿]	[＿＿＿] ⏰	
Second Affected Species.	[＿＿＿▾]					
Breed ❓	[■＿]	[＿]	[＿＿＿] ⏰	[＿]	[＿＿＿] ⏰	
Other Susceptible/Affected Species	**Aquaculture Bait Fish** **Aquaculture Food Fish**	[＿]	[＿＿＿] ⏰	[＿]	[＿＿＿] ⏰	
Total Number on Premises		**0**		**0**		

Animal Information

See Step ⑤

Animal Needs

○ **Yes** ○ **No**   1. Any critical immediate (now) needs for your animals?
Please Specify
    ☐ **Veterinary Care** ☐ **Water** ☐ **Shelter in place** ☐ **Power** ☐ **Other**
    ☐ **Feed** ☐ **Hay** ☐ **Evacuation** ☐ **Fuel**
Comments [＿＿＿＿＿＿＿＿]

○ **Yes** ○ **No**   2. Any long term needs (> 1 week) for your animals?
Please Specify
    ☐ **Veterinary Care** ☐ **Feed** ☐ **Water** ☐ **Hay** ☐ **Shelter in place** ☐ **Evacuation** ☐ **Power** ☐ **Fuel**
Comments [＿＿＿＿＿＿＿＿]

○ **Yes** ○ **No**   3. Disposal of animals needed?
Please Specify
How Many? [＿＿＿＿]   **What Species?** [＿＿＿＿＿]
Comments [＿＿＿＿＿＿＿＿]

○ **Yes** ○ **No**   4. Do you have any other needs for your animal care facility?
Please Specify
    ☐ **Fencing** ☐ **Water Troughs** ☐ **Cages** ☐ **Supplies** ☐ **Vaccine**
Comments [＿＿＿＿＿＿＿＿]

Animal Needs

See Step ⑥

Crop/Feed

○ Yes ○ No   5. Did you have any damage to your stored feed or hay?
Please Specify   **Hay: Type:** [   ]   **Amount:** [   ]

Grain: Type: [   ]   **Amount:** [   ]

Food: Type: [   ]   **Amount:** [   ]

Comments [   ]

○ Yes ○ No   6. Did you have any row crops that were damaged?
Please Specify   **Type:** [   ]   **Acres:** [   ]   **Maturity:** [   ]

Type: [   ]   **Acres:** [   ]   **Maturity:** [   ]

Type: [   ]   **Acres:** [   ]   **Maturity:** [   ]

Type: [   ]   **Acres:** [   ]   **Maturity:** [   ]

Comments [   ]

○ Yes ○ No   7. Did you have any nursery or forestry crops damaged?
Please Specify   **Type:** [   ]   **Acres:** [   ]   **Maturity:** [   ]

Type: [   ]   **Pots:** [   ]   **Size:** [   ]

Comments [   ]

○ Yes ○ No   8. Would you like someone from the crop damage team to contact you?
Comments [   ]

General Comments

[   ]

File Attachments

File Upload   [   ]   [Browse...]
File Upload   [   ]   [Browse...]
File Upload   [   ]   [Browse...]

Document Management

Document Type   **Hurricane Damage Assessment Form**
Document Editors   **EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS Agent Signer/APHIS/USDA**
Document Creator   **Susan Johnston**
Document Creation   **05/15/2008**
Date

Animal Needs (continued)   See Step ⑥

File Attach   See Step ⑦

Doc Mgmt   See Step ⑧

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Hurricane Damage Assessment Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Hurricane Damage Assessment Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ **Investigator Contact Information Section** – Complete this section according to the guidelines below:

* Required field

Hurricane Damage Assessment Form	
Investigator Contact Information Section	
Data Field	**Description**
Tentative Scheduled Date ∗	Date on which an assessor is scheduled to visit a premises to perform a hurricane damage assessment. There are three ways to enter this date: • Click on the Today icon (🗓) to enter the current date. • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Assigned Assessor ∗	Last and first name of the assessor who will perform the hurricane damage assessment at the premises. 1. Start typing the name in the data field next to the **Assigned Assessor** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.

Hurricane Damage Assessment Form	
Investigator Contact Information Section	**continued**
Data Field	**Description**
Date Assigned ∗	Date on which the assessor is notified of his/her assignment to perform the hurricane damage assessment at a premises. There are two ways to enter this date: • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type in the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Work Phone	Business telephone number that is associated with the assessor. This data field may be auto-filled, or you can enter/edit it manually.
Pager	Pager number that is associated with the assessor. This data field may be auto-filled, or you can enter/edit it manually.
Field Fax	Fax machine number located at a field site that can be used for contacting the assessor. This data field may be auto-filled, or you can enter/edit it manually.
Field Phone	Telephone number located at a field site that can be used for contacting the assessor. This data field may be auto-filled, or you can enter/edit it manually.
Field Cell Phone	Cell telephone number located at a field site that can be used for contacting the assessor. This data field may be auto-filled, or you can enter/edit it manually.
E-mail	E-mail address that is associated with the assessor. This data field may be auto-filled, or you can enter/edit it manually.
Special Assessment Instructions	Enter any requirements or instructions for the assessor to follow while performing the assessment.

4 **Assessment Summary Section** – Complete this section according to the guidelines below:

* Required field

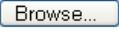| Hurricane Damage Assessment Form	
Assessment Summary Section	
Data Field	**Description**
Assessment Type	One or more activities that are performed as part of the assessment. Check the radio button next to each activity type that will be performed. If you select **Other**, also enter additional details in the **Please specify** data field.
Assessment Date ∗	Date on which an assessor is scheduled to visit a premises to do a hurricane damage assessment. There are three ways to enter this date: • Click on the Today icon ( ) to enter the current date. • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Assessment Comments	Enter any comments about how the assessment was conducted.

⑤ **Animal Information Section** – Complete this section according to the guidelines below:

* Required field

Hurricane Damage Assessment Form		
Animal Information Section		
Data Field	**Description**	
Primary Species Affected *	Species	Species of the majority of affected animals.
	Breed	Breed(s) of the majority of affected animals. (To choose multiple breeds, hold the CTRL key down and click once on each breed with the left mouse button.)
	# Sick *	Total number of animals in the primary species/breed combination that show symptoms of sickness.
	Date of 1st Sickness	Date on which the first animal in this group displayed symptoms of sickness. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅).
	# Dead *	Total number of animals in the primary species/breed combination that have died.
	Date of 1st Death	Date on which the first animal in this group died. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅).
	Number Unaffected	Total number of animals in this group that show no symptoms of sickness.
	Total	Auto-filled with the sum of **(# Sick) + (# Dead) + (Number Unaffected)**.
Second Affected Species	Species	Species of the second-largest group of affected animals.
	Breed	Breed(s) of the second-largest group of affected animals. (To choose multiple breeds, hold the CTRL key down and click once on each breed with the left mouse button.)
	# Sick *	Total number of animals in the second species/breed combination that show symptoms of sickness.
	Date of 1st Sickness	Date on which the first animal in this group displayed symptoms of sickness. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅 .
	# Dead *	Total number of animals in the second species/breed combination that have died.
	Date of 1st Death	Date on which the first animal in this group died. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅 .
	Number Unaffected	Total number of animals in this group that show no symptoms of sickness.
	Total	Auto-filled with the sum of **(# Sick) + (# Dead) + (Number Unaffected)**.
Other Susceptible/ Affected Species	Species	Species of the third-largest group of affected animals.
	# Sick *	Total number of animals in the third species group that show symptoms of sickness.
	Date of 1st Sickness	Date on which the first animal in this group displayed symptoms of sickness. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅 .
	# Dead *	Total number of animals in the third species group that have died.
	Date of 1st Death	Date on which the first animal in this group died. Enter this date manually (in the MM/DD/YYYY format) or use the Calendar feature (📅 .
	Number Unaffected	Total number of animals in this group that show no symptoms of sickness.
	Total	Auto-filled with the sum of **(# Sick) + (# Dead) + (Number Unaffected)**.

Hurricane Damage Assessment Form	
Animal Information Section	**continued**
Data Field	**Description**

Data Field		
Total Number on Premises	**# Sick** ✶	Auto-filled with the sum of **(Primary Species Affected, # Sick)** + **(Second Affected Species, # Sick)** + **(Other Susceptible/Affected Species, # Sick)**.
	# Dead ✶	Auto-filled with the sum of **(Primary Species Affected, # Dead)** + **(Second Affected Species, # Dead)** + **(Other Susceptible/Affected Species, # Dead)**.
	Number Unaffected	Auto-filled with the sum of **(Primary Species Affected, Number Unaffected)** + **(Second Affected Species, Number Unaffected)** + **(Other Susceptible/Affected Species, Number Unaffected)**.
	Total	Auto-filled with the sum of **(Primary Species Affected, Total)** + **(Second Affected Species, Total)** + **(Other Susceptible/Affected Species, Total)**.

6 **Animal Needs Section** – Complete this section according to the guidelines below:

* Required field

Hurricane Damage Assessment Form	
Animal Needs Section	
Data Field	**Description**
1. Any critical Immediate (now) needs for your animals?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also check one or more boxes next to the items that are needed. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
2. Any long term needs (> 1 week) for your animals?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also check one or more boxes next to the items that are needed. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
3. Disposal of animals needed?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also enter the number of animals in the **How Many?** data field. c. If you select **Yes**, also enter one or more species (separated by commas) in the **What Species?** data field. d. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
4. Do you have any other needs for your animal care facility?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also check one or more boxes next to the items that are needed. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
5. Did you have any damage to your stored feed or hay?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also fill out the **Type** and **Amount** data fields for each damaged feed/hay item. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
6. Did you have any row crops that were damaged?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also fill out the **Type, Acres,** and **Maturity** data fields for each damaged row crop. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
7. Did you have any nursery or forestry crops damaged?	a. Check the radio button next to **Yes** or **No**. b. If you select **Yes**, also fill out the **Type, Acres** or **Pots,** and **Maturity** or **Size** data fields for each damaged nursery/forestry crop. c. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
8. Would you like someone from the crop damage team to contact you?	a. Check the radio button next to **Yes** or **No**. b. *Optional*…Enter any detailed explanations/descriptions in the **Comments** data field.
General Comments	*Optional*…Enter any additional information that would help the assessor's appraisal of the affected premises/animals/crops.

7 **File Attachments Section** – Use to associate other documents with the Hurricane Damage Assessment Form. *Examples of such attachments can be*: photographs of damaged crops or injured/dead livestock, price quotations for renting cleanup equipment, estimates for temporary housing expenses, vaccine requests, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

8 **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

9 After you have entered all of your data into this form, click on [🔷 Save] .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

10 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Hurricane Damage Assessment Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .
CREATE LAB SUB	Click, to open a new Lab Submission Form.
NEW INFLUENZA SURVEY	Click, to open a new Hurricane Damage Assessment Form.
CHANGE INVES	Click, to associate this form with a different Investigation Summary Form.
REQUEST DEL	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
MAPQUEST	Click, to see a pop-up window containing several Internet-based tools for generating a map of the premises or animal location that is documented in this Survey Influenza Form. The tool choices are: MapQuest, Google Maps, and Yahoo Maps. Click on the tool and location type you want. A secondary window appears with either the requested map or a hyperlink.
MAIL	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Hurricane Damage Assessment Form and is ready for you to email.

- Use the **WelcomePage** -> **Investigation Summary** -> Hurricane Damage Assessment Form breadcrumb trail to navigate to/open a different form already created for this case.

- Use the Investigator Info   Assessment Summ   Animal Info   Animal Needs   Files   **All Sections**   Form Navigation Bar to navigate within the Hurricane Damage Assessment Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Hurricane Damage Assessment**.

  b. In the View data field, select a format for this report.

  c. Click on the symbol to generate this report.

Section 13: Lab Submission Form 10-4

Form's purpose:	-- Supplies the information needed by the laboratory that is receiving/testing the animal samples. -- You can create more than one of Lab Submission Form 10-4 for a case.

Pre-requisite(s):	If you have examined animals and taken samples, then create this form *only after* you have already completed the Herd/Flock Exam Form.
	   OR
	If you are conducting surveillance rounds, then create this form *only after* you have already completed the Surveillance Form.
	   OR
	If the lab samples was taken without examining animals or conducting surveillance rounds (i.e., you are simply forwarding the samples from a diagnostic lab or the samples are environmental), then create this form directly from the Investigation Summary Form.

To access this form:	There are three ways to access the Lab Submission Form 10-4:
	
	Method A:
	On the Herd/Flock Exam Form, click on ![icon] CREATE LAB SUB .
	
	Method A:
	On the Surveillance Form, click on ![icon] CREATE LAB SUB .
	
	Method C:
	1. On the Investigation Summary Form, click on ![icon] FOLLOW-UP FORMS .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Lab Submission** link.
	4. You may see a screen that lists any existing Lab Submission forms already associated with the premises in this case.
	     ~ To edit an existing form, select its **Click here to edit this form** link.
	     ~ To open a blank form, select **Click here to create a new LSR104**.

Data-Entry Procedure

1 You should have a blank Lab Submission Form 10-4 displayed onscreen (see below and the next two pages).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

See Step (2)

▼ **Hide Animal Owner Contact Info**

Animal Owner Contact Information

Owner's Last Name:	Harris	Owner First Name	Jim
		Owner MI	
Home Phone	970-444-1111	Fax Number	
Cell Phone	970-111-4444	Pager	
Owner Company Name		Work Phone	970-144-4411
Address	1012 Lands End	Address2	
City	Columbus	State	OH
Zip	44338	County	Cuyahoga

See Step ③

Collector / Submitter Information

Collected by *   jo
Johnston, Susan (TECHNCL WRI EDIT - CO)
(Enter as Last Name, First Name)

Date Collected *   05/28/2008   Today Calendar

Submitter *   jo
Johnston, Susan (TECHNCL WRI EDIT - CO)
(Enter as Last Name, First Name)

Date Assigned *   08/18/2008   Today Calendar

Employee ID   END2428

Submitter Work Phone: Submitter Fax:
Submitter Cell Phone: Submitter Pager:
                                     Submitter EMail:

See Step ④

Lab Information

Purpose of Submission   FAD/EP Diagnostic ❓
Priority of Submission   2 ❓ **VS 580.4 See attachment III on pg 10**
Lab Submitted To
Please specify
Field Tracking Number: Lab Accession Number:

Date Shipped   Courier Name   Fed Ex
Today Calendar   Air Bill #   Delivered by

Shipping Container Packing ❓   None   Other Preservation, Specify Here
Preservation   Blue Ice
    Dry Ice
    Ice Pack
if more than 99 gms of dry ice, must have warning label on shipping container

See Step ⑤

Specimen Herd/Flock Information:

		# sick	# Dead	# UnAffected	Total
Species	Bovine (Cattle)				

Please specify
Purpose of Animals ❓
    Bait
    Breeding Stock
    Breeding Stock - Broilers
    Breeding Stock - Eggs

Country of Origin   United States

Total Number of   Total Number of   Total Number of
Specimens Submitted   Containers Used   Animals Sampled
Exams Asked for
Disease(s) to test for ❓   Other Disease Specify Here

See Step ⑥

Animal Owner Contact Info
Collector / Submitter Information
Lab Information
Specimen Herd / Flock Information

Sample View

No documents found

See Step (8) Sample V

Progress & Completion Date

Lab Work Received Date
Lab Work Started Date
Lab Work Completion Date* [   ] 📆 📅
Today Calendar

See Step (9) Progress

File Attachments

File Upload [   ] Browse...
File Upload [   ] Browse...
File Upload [   ] Browse...
☐ - **TracingExercise.xls**

See Step (10) File Attach

Document History

Document Type   **Lab Submission Form**
Document Editors   **EMRS Agent Signer/APHIS/USDA**
Document Creator   **Susan Johnston**
Document Creation Date   **08/18/2008**

See Step (11) Doc Hist

(2) **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Lab Submission Form 10-4	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Lab Submission Form 10-4.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Animal Owner Contact Info Section** – Is auto-filled with data in the Investigation Summary Form that was already created for this case. To edit this section, use the following guidelines:

* Required field

Lab Submission Form 10-4	
Animal Owner Contact Info Section	
Data Field	**Description**
Owner's Last Name	Last name of the owner of the animals that were sampled.
Owner First Name	First name of this owner.
Owner MI	Middle initial of this owner.
Home Phone	Telephone number for the residence where this owner lives.
Fax Number	Fax machine used by this owner.
Cell Phone	Telephone number for a cell phone associated with this owner.
Pager	Number for a pager associated with this owner.
Owner Company Name	Name of this owner's business.
Work Phone	Telephone number for this owner's business.
Address	Primary mailing address information for this owner's business/residence.
Address2	Secondary mailing address information for this owner's business/residence.
City	Name of the city in which the mailing address for this owner's business/residence is located.
State	State in which the mailing address for this owner's business/residence is located.
Zip	Zip code for the mailing address of this owner's business/residence.
County	County in which the mailing address for this owner's business/residence is located.

4 **Collector/Submitter Information Section** – Is auto-filled with data already in the Herd/Flock Exam Form. To edit this section, use the following guidelines:

* Required field

Lab Submission Form 10-4	
Collector/Submitter Information Section	
Data Field	**Description**
Collected by ∗	Last and first name of the Investigator who collected the animal samples. 1. Start typing the name in the data field next to the **Collected by** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Date Collected ∗	Date on which the samples were collected from the animal(s). There are three ways to enter this date: • Click on the Today icon (🔟) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Submitter ∗	Last and first name of the individual who created this Lab Submission Record. 1. Start typing the name in the data field next to the **Submitter** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Date Assigned ∗	Date on which the task of documenting this submission was assigned to the Submitter. There are three ways to enter this date: • Click on the Today icon (🔟) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Lab Submission Form 10-4	
Collector/Submitter Information Section	**continued**
Data Field	**Description**
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Submitter Work Phone	Telephone number associated with this Submitter.
Submitter Fax	Fax machine associated with this Submitter.
Submitter Cell Phone	Telephone number for a cell phone associated with this Submitter.
Submitter Pager	Number for a pager associated with this Submitter.
Submitter Email	Email address associated with this Submitter.

5 **Lab Information Section** – Complete this section according to the guidelines below:

* Required field

Lab Submission Form 10-4	
Lab Information Section	
Data Field	**Description**
Purpose of Submission	Diagnostic Case Type -- Reason why the animal samples are being submitted for testing. Use this data field's LOV to make a selection. The choices are: <table><tr><td>General Diagnostic Case</td><td>Reagent Evaluation Case</td></tr><tr><td>FAD/EP Diagnostic Case</td><td>Import Case</td></tr><tr><td>NVSL Intralab Diagnostic Case</td><td>Export Case</td></tr><tr><td>Surveillance/Monitor Case</td><td>TB</td></tr><tr><td>Developmental/Research Case</td><td></td></tr></table>
Priority of Submission	Urgency ranking for how quickly the processing laboratory should complete the diagnostic testing of the animal samples. Use this data field's LOV to make a selection. The choices are: <table><tr><td>1</td><td>High-priority</td></tr><tr><td>2</td><td>Medium-priority</td></tr><tr><td>3</td><td>Lowest-priority</td></tr><tr><td>A</td><td>Highest-priority or "animals in commerce" situations</td></tr></table>If you select **1** or **A**, a pop-up message appears with instructions for notifying the appropriate individuals and laboratories before you ship the physical samples.
Lab Submitted To	Name of the processing laboratory that will test the animal samples. Use this data field's LOV to make a selection. If you select **Other** or **State**, also enter additional details in the **Please specify** data field.
Field Tracking Number	Number used for any chain-of-custody logs in the field.
Lab Accession Number	Unique number assigned by the processing laboratory to a submitted animal sample. Manually enter this value (usually done by the processing laboratory).
Date Shipped	Date on which the animal samples were shipped to the processing laboratory. There are three ways to enter this date: • Click on the Today icon ( ) to enter the current date. • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Lab Submission Form 10-4	
Lab Information Section	**continued**
Data Field	**Description**
Courier Name	Name of the vendor/company that is transporting the animal samples to the processing laboratory. Use this data field's LOV to make a selection. If you select **Hand Delivered**, also enter the name of the individual delivering the animal samples in the **Delivered by** data field.
Air Bill #	Tracking number assigned by the Courier to the shipping package containing the animal samples.
Delivered by	If **Courier Name=Hand Delivered**, please enter the name of the individual delivering the animal samples.
Shipping Container Packing Preservation	Method for packing/preserving the animal sample containers inside a shipping carton Use this data field's LOV to make a selection. The choices are: | None	Dry Ice	Other
Blue Ice	Ice Pack		 If you select **Other**, also enter additional details in the **Other Preservation** data field.
Other Preservation…	If **Shipping Container Packing Preservation=Other**, please enter additional details.

6 **Specimen Herd/Flock Information Section** – Complete this section according to the guidelines below:

 * Required field

Lab Submission Form 10-4	
Specimen Herd/Flock Information Section	
Data Field	**Description**
Species	Group to which the sampled animals belong. Use this data field's LOV to make a selection.
# Sick	Number of animals in the sampled herd/flock that are sick. Manually enter this value. Then press TAB to move to the next data field.
# Dead	Number of animals in the sampled herd/flock that have died. Manually enter this value. Then press TAB to move to the next data field.
# Unaffected	Number of animals in the sampled herd/flock that show no signs of sickness. Manually enter this value. Then press TAB to move to the next data field.
Total	Total number of animals in the sampled herd/flock. Auto-filled with the value calculated by this equation: (**# Sick**) + (**# Dead**) + (**# UnAffected**)
Purpose of Animals	Reason for breeding and raising the animals in the sampled herd/flock. Use this data field's LOV to make a selection. (To select more than one purpose, hold down the CTRL key while selecting each individual purpose.) The choices are: | Bait	Feed	Meat	Research	Work	Unknown
Eggs	Feral	Milk	Sport	Zoo	
Exhibit	Game	Pet	Wildlife	Other		
Country of Origin	Country in which the animals of the sampled herd/flock were born.
Total Number of Specimens Submitted	Auto-calculated by adding the **Specimen IDs** reported in all Sample Detail Forms that are associated with this Lab Submission Form.
Total Number of Containers Used	Auto-calculated by adding the **# of Containers/Tubes/Bags** values reported in all Sample Detail Forms that are associated with this Lab Submission Form.

Lab Submission Form 10-4	
Specimen Herd/Flock Information Section	**continued**
Data Field	**Description**

Total Number of Animals Sampled	Auto-calculated by adding the [(**# of Containers/Tubes/Bags)** X (**# of Animals per Container**)] values reported in all Sample Detail Forms that are associated with this Lab Submission Form.
	
	Example: There are three Sample Detail Forms associated with a Lab Submission Form.
	
	                                # of Con/Tubes/Bags **# of Animals per C**
	  Sample Detail Form A: 2 X 2 = 4
	  Sample Detail Form B: 1 X 3 = 3
	  Sample Detail Form C: 1 X 1 = 1
	                                                                   -------- 	
	                        Total Number of Animals Sampled **= 8**
	
	You can change this value , to avoid situations such as counting the same animal more than once.

Exams Asked for	Auto-filled from all Sample Detail Forms that are associated with this Lab Submission Form.
Disease(s) to test for	Disease(s) to test the animal samples for. Use this data field's LOV to make a selection. (To select more than one disease, hold down the CTRL key while selecting each individual disease.)
Other Disease…	If the **Disease(s) to test for** LOV does not list the disease you want to specify, manually enter your selection in this data field.
Toxicosis / Poisoning	The sampled animals are suspected of being affected by toxicosis/poisoning. Use this data field's LOV to make a selection. (To select more than one cause, hold down the CTRL key while selecting each individual cause.) The choices are: <table><tr><td>--Metals--</td><td>Sodium</td><td>--Vitamins--</td><td>Monensin</td></tr><tr><td>Copper</td><td>Thalium</td><td>--Minerals--</td><td>--Other--</td></tr><tr><td>Mercury</td><td>--Plants--</td><td>--Food Additives--</td><td>Other</td></tr></table>
Comments	Additional information about the sampled herd/flock that would be helpful to the processing laboratory.

7 Click on 🖫 **SAVE** to save the data you have entered so far on this form.

8 **Sample View Section** (view-only) – Is auto-filled from the Sample Detail and Test Result Forms.

- Click on any **SampleID** link to open and view the Sample Detail Form for that particular animal sample.
- Click on any **Test Type** link (displayed under the **AnimID** and **Breed** columns) to open and view the Test Result Form for that particular animal sample.

* Required field

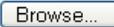| Lab Submission Form 10-4	
Sample View Section	
Data Field	**Description**
SampleID	Unique identification number assigned to a single animal sample. This sample may be from a single animal, a polled sample from a group of animals, or an environmental sample.
Type	Type of sample that was collected from an animal, group of animals, or environment.
AnimID	Identifier used for this sample if it is related to one animal or group.
Breed	Breed of the sampled animal/herd/flock.
Age	Numerical value that represents the age of the individual animal that was sampled. OR Numerical value that represents the average age of the animal group that was sampled.
Sex	Gender of the individual animal or animal group that was sampled.
NEW TEST	Click, to open a new Test Result Form.

⑨ **Progress & Completion Date Section** – Complete this section according to the guidelines below:

* Required field

Lab Submission Form 10-4	
Progress & Completion Date Section	
Data Field	**Description**
Lab Work Received Date	Message sent by the processing laboratory that it has received a sample. (This data field is part of an automated reporting feature that is not yet active in the EMRS application.)
Lab Work Started Date	Message sent by the processing laboratory indicating the date on which it started testing an animal sample. (This data field is part of an automated reporting feature that is not yet active in the EMRS application.)
Lab Work Completion Date ✶	Date on which all tests have been completed on the animal samples and all test results have been entered on Test Result Forms by the processing laboratory. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

⑩ **File Attachments Section** – Use to associate other documents with the Lab Submission Form.
Examples of such attachments can be: invoices for testing supplies, photographs of the processing laboratory's testing setup, descriptions of various testing protocols, VS Memos regarding field sampling procedures, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑪ **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

⑫ After entering all of your data in this form, click on 💾 SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑬ **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Lab Submission Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT　　　　　　Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  CREATE SAMPLE　　Click, to open a blank Sample Form that is ready for your data-entry work.

  MAIL　　　　　　Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Lab Submission Form and is ready for you to email.

  CHANGE INVES　　Click, to associate this form with a different Investigation Summary Form.

  REQUEST DEL　　Click, to submit a request to delete this form and all descendent documents created from it.
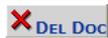
  DEL DOC　　　　Click, to permanently delete this form and all descendent documents created from it.

  HELP　　　　　　Click, to display a Help Document about this form. Click on ❌ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Lab Submission Form** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Animal Owner Info** **Submitter Info** **Lab Info** **Sample Info** **Test View** **Progress** **Files** **All Sections** Navigation Bar to navigate within the Lab Submission Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Lab**.

  b. In the View data field, select a format for this report.

  c. Click on the ⟳ symbol to generate this report.

Lab	∨	Category
Lab Results-All Inves	∨	View
Lab Results-All Inves		
Lab Results-Open Inves Only		
Lab Submissions by Premises-All Inves		
Lab Submissions by Premises-Open Inves Only		

Section 14: Permit Detail Form
(also called the **Animals to be Moved Form**)

Form's purpose:	Records the Individual identification information for animals being moved on this permit. *Note*: If animals are tagged with consecutive eartags, then consecutive Permit Detail Forms can be automatically generated by entering the beginning and ending tag series on your first Permit Detail Form.
Pre-requisite(s):	Create this form only after you have already started a **Premise for Movement 1-27 Form**.
To access this form:	There are two ways to access the Permit Detail Form: *Method A:* 1. On the Investigation Summary Form, find the Movement Permit Forms section. 2. In this section, click on the link for the Permit for movement VS 1-27 Form that you want to attach the Permit Detail Form to. 3. The Permit for movement VS 1-27 Form opens. 4. Click on ![ANIMAL MOVEMENT DETAIL] . *Method B:* If you are currently in the Permit for Movement 1-27 Form, click on ![ANIMAL MOVEMENT DETAIL] .

Data-Entry Procedure

1 You should have a blank Permit Detail Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

File Attachments

File Upload	[ ]	[Browse...]
File Upload	[ ]	[Browse...]
File Upload	[ ]	[Browse...]

File Attach — See Step ④

Document Management

Document Type — **Animals To be Moved VS 1-27**
Document Editors — **Susan Johnston/CO/APHIS/USDA**
Document Creator — **Susan Johnston**
Document Creation Date — 06/24/2008

Doc Mgmt — See Step ⑤

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

  * Required field

Permit Detail Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Permit Detail Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Animal and Tag Info Section** – Complete this section, using the guidelines below:

* Required field

Permit Detail Form	
Animal and Tag Info Section	
Data Field	**Description**
Ear Tag Prefix	The beginning alphanumeric character string that appears on an animal's ear tag. This same string of characters can also appear on the tags for the other animals in the shipment only if they have been tested or consecutively tagged at the time of shipment. *Example*: An animal's ear tag is imprinted with the number **72AXY0000**. The prefix = **72AXY**.
Ear Tag Series	The beginning numeric string that appears on the lowest number ear tag in the above prefix series. Each animal in a herd should have a unique series string that no other animal has. *Example*: An animal's eartag is **72AXY0000**. The series value = **0000**.
	Note: If you are reporting multiple animals on a single Permit for Movement 1-27 Form AND these animals' ear tags are numbered sequentially with no gaps, you can use this data field with another data field in a special way. See the **To make… enter Series End Number** guideline below for more information.
Breed	Breed of the animal(s) being moved.
Sex	Gender of the animal(s) being moved.
Disease Brand	Brand applied to an affected animal and which indicates the suspected disease the animal may have.
Other ID	Other forms of ID on the animal.

To make… enter Series End Number	The highest series number found in a group of animal ear tags.
	
	Use this data field only if you are reporting multiple animals on a single Permit for Movement 1-27 Form AND these animals' ear tags are numbered sequentially with no gaps in the sequence. This data field enables you to automatically generate separate Permit Details Forms (one for each animal), as described in the following procedure:
	
	1. Verify that the prefix for these tags and the lowest series string in a group of animal ear tags have already been entered in the **Ear Tag Prefix** and **Ear Tag Series** data fields. (This series string should be at least 4 numbers long.)
	2. In this **To make…** data field, enter the highest series string in a group of animal ear tags. (You can enter fewer than four numbers – the EMRS will automatically add leading zeroes to make the string the correct length.)
	3. Save this form. The EMRS then automatically generates one Permit Detail Form for each animal in the group.
	4. Use the breadcrumb trail to return to the Permit for Movement 1-27 Form. These generated forms appear there in the Permit Detail section.
	5. Every Permit Detail Form created this way will contain the same details as the form on which you specified the lowest and highest series numbers. You will need to open each individual Permit Detail form and edit it to accurately describe the animal whose series number appears on that form.
	
	Example: Three animals are being reported on a single Permit for Movement 1-27 Form. Their complete ear tag values are **72AXY0000**, **72AXY0001**, and **72AXY0002**. To create their individual Permit Detail Forms, do the following on the Permit for Movement 1-27 Form:
	
	a. In the **Ear Tag Prefix** data field, enter **72AXY**.
	
	b. In the **Ear Tag Series** data field, enter the lowest series number, **0000**.
	
	c. In the **To make…** data field, enter the highest series number, **0002**.
	
	d. The EMRS automatically generates three Permit Detail Forms:
	   - one form for Animal **72AXY0000**
	   - one form for Animal **72AXY0001**
	   - one form for Animal **72AXY0002**
	
	e. Use the breadcrumb trail to return to the Permit for Movement 1-27 Form. All three of these forms will appear there in the Permit Detail section.
	
	f. Click on each form's link to open and edit it to accurately describe that specific animal.

(4) **File Attachments Section** – Use to associate other documents with the Permit Detail Form.
Examples of such attachments can be: photographs of each animal being reported, a diagram that illustrates the disease brand and its placement on the animals, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

  Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

(5) **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

(6) After entering all of your data in this form, click on ◇ SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

(7) **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Permit Detail Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode.
NEW ANIMAL MOVEMENT DETAIL	Click, to open a new Permit Detail Form.
MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Permit Detail Form and is ready for you to email.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Permit for movement VS 1-27 -> Animals To be Moved VS 1-27** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Movement Permits**.

  b. In the View data field, select a format for this report.

  c. Click on the ◔ symbol to generate this report.

Section 15: Permit for Movement 1-27 Form

Form's purpose:	Captures the information documented on the paper 1-27 Permit for Movement Form.
Pre-requisite(s):	Create this form *only after* you have started an Investigation Summary Form; and you now have a need to schedule a visit for the purpose of permitting animals for movement, or you have received a hard copy of a permit whose data needs to be entered into the EMRS.

To access this form:	1. On the Investigation Summary Form, click on ⭐ FOLLOW-UP FORMS .
	 2. A pop-up box appears that lists the available Follow-Up Forms.
	 3. Click on the **Permit for Movement 1-27** link.
	 4. You may see a screen that lists any existing forms already associated with the premises in this case.
	   ~ To edit an existing form, select its **Click here to edit this form** link.
	   ~ To open a blank form, select **Click here to create a new F127R**.

Data-Entry Procedure

1 You should have a blank Permit for Movement 1-27 Form displayed onscreen (see below and the next two pages).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

MOVEMENT PERMIT VS 1-27 Incident: **Training** Incident Site: **Colorado**

Source Premises:

▼ **Hide Prem Info**

Referral Control Number	070207124919O	**Prem ID**	**CO7755**
Local ID	CO555	Prem Name	**Foothills Llamas Ranch**
		Prem Owner	**Johnston, Sue**
Case Classification	**Undetermined**	Prem Address	**1906 Blake Ave.**
			Glenwood Springs CO,
		Prem County	**Larimer**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info — See Step ②

Destination Premises: Select Destination

Referral Control Number		Premises Company Owner	
Local Control Number		Location Prem Owner	
Prem ID		Animal Owner Company	
Case Classification		Animal Owner	
Incident Site			
Last Name		First Name	
		Middle Initial	
Home Phone		Fax Number	
Cell Phone		Pager	
Company Name		Work Phone	
Address		Address2	
City		State	
Zip		County	

Destination Premises — See Step ③

Assignment Info

Assigned To * (Enter as Last Name, First Name)

Employee ID

Assigned Date *

Completed Date *

Today Calendar

See Step ④

Movement Info

NO.

State where issued — **Colorado**

Movement to be — ○ **Interstate** ○ **Intrastate**

Movement for — ○ **Quarantine** ○ **Slaughter**

Disease

Status of Animals

No. Reactors	No. Exposed	No. Other

(please specify)

Status of Herd of Origin   Status of area of Origin

# of animals in Shipment   Species

Transportation Vehicle License No. or Other Identification No.

Seal No.   Vehicle Required to be Cleaned and Disinfected at Destination
○ **Yes** ○ **No**

See Step ⑤

Issued and Void dates

Date Issued   Void After Date

Today Calendar   Today Calendar

Time Issued   Void After Time

See Step ⑥

Upon Arrival at Destination

Place Animals Received   Date Seals Broke

Today Calendar

Date Animal Arrived   Time Seals Broke

Today Calendar

Number of Animal Received   Date Cleaned & Disinfected

Today Calendar

Date Slaughtered/Quarantined   Inspector

Today Calendar

Date Inspector Signed

Today Calendar

See Step ⑦

Permit Details

No documents found

See Step ⑧

File Attachments

File Upload	[_____]	Browse...
File Upload	[_____]	Browse...
File Upload	[_____]	Browse...

File Attach · See Step ⑨

Document Management

Document Type **Permit for movement VS 1-27**
Document Editors **EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS Agent Signer/APHIS/USDA**
Document Creator **Susan Johnston**
Document Creation Date **05/16/2008**

Doc Mgmt · See Step ⑩

② Prem Info Section (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Permit for Movement 1-27 Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example:* **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Permit for Movement 1-27 Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ Destination Premises Section – Complete this section by doing a search for an existing premises record:

   a. Next to **Destination Premises**, click on the **Select Destination** link. A Select a Premises search box appears.

   b. Use the **Search field's** LOV to specify the type of search you want to do.

   c. In the **for** data field, manually type the value you want to search for.

   d. Click on [Search]. A list of search results appears (see the example in Step 3e on the next page).

e. Find the destination premises in this list and click on the **select** link next to it.

f. Data from the selected Premises Record will auto-fill the **Destination Premises Section**. The table below describes the contents of each data field in this section.

* Required field

Permit for Movement 1-27 Form	
Destination Premises Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique identification number that uniquely identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique identification number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Premises Company Owner	Last and first name of the individual who owns the business that is conducted on the destination premises.
Local Control Number	Unique identification number assigned to an investigation/task force by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Location Prem Owner	Last and first name of the individual who owns the destination premises.
Prem ID	Unique identification number assigned to the destination premises.
Animal Owner Company	Business name of the company that owns the animals being transported to the destination premises.
Case Classification	Current Disease Status of the premises.
Animal Owner	Last and first name of the individual who owns the animals being transported to the destination premises.
Incident Site	Location of the headquarters for the investigation.
Last Name	Last name of the individual who owns the destination premises.
First Name	First name of the individual who owns the destination premises.
Middle Initial	Middle initial of the individual who owns the destination premises.
Home Phone	Residential telephone number associated with the individual who owns the destination premises.
Fax Number	Fax machine associated with this individual.
Cell Phone	Telephone number for a cell phone associated with this individual.
Pager	Number for a pager associated with this individual.
Company Name	Name of the business that is located at the destination premises.
Work Phone	Business telephone number associated with this individual.
Address	Primary mailing address information for the destination premises.
Address2	Secondary mailing address information for the destination premises.
City	Name of the city from the mailing address information for the destination premises.
State	State from the mailing address information for the destination premises.
Zip	Zip code from the mailing address information for the destination premises.
County	County from the mailing address information for the destination premises.

4 **Assignment Info Section** – There are two recommended ways to use this section:

- You can complete this section using data that has already been documented on a completed paper Permit for Movement 1-27 Form.
- You can complete this section in order to schedule a person to issue a paper Permit for Movement 1-27 Form.

Complete this section, using the guidelines below:

* Required field

Permit for Movement 1-27 Form	
Assignment Info Section	
Data Field	**Description**
Assigned To ∗	Last and first name of the individual who is being assigned to issue a Permit for Movement 1-27 Form.
	1. Start typing the name in the data field next to the **Assigned To** label.
	2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath.
	3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual.
	Auto-filled with the appropriate code #.
Assigned Date ∗	Date on which the individual is given the assignment to issue a Permit for Movement 1-27 Form.
	There are two ways to enter this date:
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
Completed Date ∗	Date on which the individual finished the assignment of issuing a Permit for Movement 1-27 Form.
	There are three ways to enter this date:
	• Click on the Today icon (📋) to enter the current date.
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

5 **Movement Info Section** – Complete this section, using the guidelines below:

* Required field

Permit for Movement 1-27 Form		
Movement Info Section		
Data Field	**Description**	
NO.	Unique number printed on the paper Permit for Movement 1-27 Form.	
State where issued	State in which the Permit for Movement 1-27 Form was created and issued.	
Movement to be	**Interstate**	Animals are being transported from one State into another State.
	Intrastate	Animals are being transported from one location to another location within the same State.
Movement for	**Quarantine**	Animals being transported will be put into isolation after arriving at the destination premises.
	Slaughter	Animals being transported will be euthanized after arriving at the destination premises.
Disease	Disease that is diagnosed in the animals being transported, or to which they have been exposed.	
	If you select **Other**, also enter details in the **Comments** data field directly below this data field.	

Permit for Movement 1-27 Form		
Movement Info Section		**continued**
Data Field	**Description**	

Data Field	Description	
Status of Animals	**No. Reactors**	Number of animals in this shipment that tested positive for the disease identified in the **Disease** data field.
	No. Exposed	Number of animals in this shipment that were exposed to the disease identified in the **Disease** data field.
	No. Other	Number of animals in this shipment that are neither Positive nor Exposed.
	please specify	If you entered a value in the **No. Other** data field, also enter details in this data field.
Status of Herd of Origin	Current disease program status of the Herd of Origin that the animals being transported belonged to.	
Status of area of Origin	Current disease program status of the Area of Origin that the animals being transported resided in.	
# of animals in Shipment	Total number of animals being transported and reported on the Permit for Movement 1-27 Form.	
Species	Species to which the animals being transported belong. If you select **Other**, also enter details in the data field directly below this data field.	
Transportation Vehicle License No. or Other Identification No.	License number, or other type of identification, of the vehicle being used to transport the animals.	
Seal No.	Identification number printed on the seal that is applied to the transporting vehicle after the animals have been loaded into the vehicle.	
Vehicle Required to be Cleaned and Disinfected at Destination	**Yes** = Vehicle used to transport the animals must be cleaned/disinfected after reaching the destination. **No** = Vehicle used to transport the animals does not have to be cleaned/disinfected after reaching the destination.	

6 Issued and Void Dates Section – Complete this section, using the guidelines below:

* Required field

Permit for Movement 1-27 Form	
Issued and Void Dates Section	
Data Field	**Description**
Date Issued	Date on which the Permit for Movement 1-27 Form is issued to the owner of the animals that are being transported. There are three ways to enter this date: • Click on the Today icon (🗓) to enter the current date. • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Void After Date	Date on which the Permit for Movement 1-27 Form expires and is no longer active/valid. There are three ways to enter this date: • Click on the Today icon (🗓) to enter the current date. • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Time Issued	Time (hours, minutes, and time zone) when the Permit for Movement 1-27 Form is issued to the owner of the animals that are being transported. *Examples*: **07:45 AM Mountain Time** (regular format) OR **0745 Mountain Time** (military format)
Void After Time	Time (hours, minutes, and time zone) when the Permit for Movement 1-27 Form expires and is no longer active/valid. *Examples*: **4:50 PM Pacific Time** (regular format) OR **1650 Pacific Time** (military format)

7 **Upon Arrival at Destination Section** – Complete this section, using the guidelines below:

* Required field

Permit for Movement 1-27 Form	
Upon Arrival at Destination Section	
Data Field	**Description**
Place Animals Received	Name of the destination premises.
Date Seals Broke	Date on which the door seals were removed from the vehicle that transported the animals to the destination premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date Animal Arrived	Date on which the animals arrived at the destination premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Time Seals Broke	Time (hours, minutes, and time zone) the door seals were removed from the vehicle that transported the animals to the destination premises. *Examples*: **3:30 PM Eastern Time** (regular format) OR **1530 Eastern Time** (military format)
Number of Animal Received	Total number of animals arriving at the destination premises that were transported on the Permit for Movement 1-27 Form.
Date Cleaned & Disinfected	Date on which the vehicles/trucks were cleaned and/or disinfected at the destination premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date Slaughtered/ Quarantined	Date on which the animals were slaughtered or quarantined at the destination premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Inspector	Last and first name of the individual who inspects the animals on arrival at the destination premises. 1. Start typing the name in the data field next to the **Inspector** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Date Inspector Signed	Date on which the inspector signed the permit to confirm the arrival of the animals at the destination premises. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

8 **Permit Details Section** – Is auto-filled with an embedded summary for all the animals whose individual Permit Detail Forms are associated with a Permit for Movement 1-27 Form.

Optional: To view an individual *Animals to be Moved VS 1-27 Form*, click on its link in the **Tag #** column.

* Required field

Permit for Movement 1-27 Form	
Permit Details Section	
Data Field	**Description**
Tag #	Identification value imprinted on the ear tag of the animal being transported and reported on this Permit for Movement 1-27 Form.
Breed	Breed of this animal.
Sex	Gender of this animal.
Disease Brand	Disease Brand(s) applied to this animal.
Other ID	Other types of identification applied to this animal (i.e., backtag, tattoo, etc.).

9 **File Attachments Section** – Use to associate other documents with the Permit for Movement 1-27 Form.
Examples of such attachments can be: PDF of the movement permit, copy of the commercial license for the vehicles used to transport the animals, inventory list provided by the animal owner of the animals being transported, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on ⬛Browse... .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
    Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

10 **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

11 After entering all of your data in this form, click on ⬛ SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

12 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Permit for Movement 1-27 Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .
NEW VS1-27	Click, to open a blank Permit for Movement 1-27 Form.
ANIMAL MOVEMENT DETAIL	Click, to open a blank Animal Movement Detail Form (referred to elsewhere in this User Manual as the Permit Detail Form).
MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Permit for Movement 1-27 Form and is ready for you to email.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DEL DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Permit for movement VS 1-27 -> Next Investigation Summary** breadcrumb trail to navigate to/open a different form already created for this case.

  Note: The Next Investigation Summary breadcrumb lets you quickly switch to the Destination Investigation Summary to review any activities that may have occurred on that premises in association with this movement.

- Use the **Source Destination Assignment Movement Issued Dates Arrival Permit Details Attachments & Edit History All Sections** Navigation Bar to navigate within the Permit for Movement 1-27 Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Movement Permits**.
  b. In the View data field, select a format for this report.
  c. Click on the symbol to generate this report.

Section 16: Premises Visit Assignment Form

Form's purpose:	Used to record premises data that is gathered during visits to a suspect premises.
Pre-requisite(s):	Create this form *only after* you have already created the Investigation Summary Form.
To access this form:	1. On the Investigation Summary Form, click on ⭐ **FOLLOW-UP FORMS**. 2. A pop-up box appears that lists the available Follow-Up Forms. 3. Click on the **Premises Visit** link.

Data-Entry Procedure

1 You should have a blank Premises Visit Assignment Form displayed onscreen (shown below and on the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Premises Visit Assignment

▼ **Hide Prem Info**

Referral Control Number	0702071249190	**Prem ID**	**CO7755**
Local ID	CO555	Prem Name	**Foothills Llamas Ranch**
		Prem Owner	**Johnston, Sue**
Case Classification	**Undetermined**	Prem Address	**1906 Blake Ave.**
			Glenwood Springs CO,
		Prem County	**Larimer**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info — See Step ②

Animal Owner Info | **Visit Info** | **Attachments** | **All Sections**

▼ **Hide Animal Owner Contact Info**

Animal Owner Contact Information

Owner's Last Name:	Johnston	Owner First Name	Sue
		Owner MI	
Home Phone		Fax Number	
Cell Phone:		Pager	
Company Name		Work Phone	
Address		Address2	
City		State	CO
Zip		County	

Animal Owner Contact Info — See Step ③

Visit Reason

Premises Visit Reason (To choose multiple Reasons, hold the CTRL key down and click your selections with the left mouse button.)

- Biosecurity Training
- Phone Visit Record
- Address verification
- IES Referral
- Owner Interview
- Biosecurity Evaluation

Tentative Scheduled Date _____ Today Calendar

Visit Reason — See Step ④

Assigned to visit premises

Assigned Person

Assigned Date

Additional instructions

See Step ⑤

Completion of premises visit information

Date completed *

Today Calendar

Closing Remarks

See Step ⑥

File Attachments

File Upload [ ] Browse...
File Upload [ ] Browse...
File Upload [ ] Browse...

See Step ⑦

Document History

Document Editors — EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS SysOp02/CO/APHIS/USDA, Robert M Garand/CO/APHIS/USDA, EMRS Agent Signer/APHIS/USDA

Document Creator — Susan Johnston
Document Creation Date — 05/20/2008

See Step ⑧

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

 * Required field

Premises Visit Assignment Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Premises Visit Assignment Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.

Premises Visit Assignment Form	
Prem Info Section	**continued**
Data Field	**Description**
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Animal Owner Contact Information Section** – Is auto-filled with data in the Investigation Summary Form that was already created for this case. To edit this section, use the following guidelines:

* Required field

Premises Visit Assignment Form	
Animal Owner Contact Information Section	
Data Field	**Description**
Owner's Last Name	Last name of the owner of the appraised materials/animals, as recorded on the VS 1-23A paper form.
Owner First Name	First name of this owner.
Owner MI	Middle initial of this owner.
Home Phone	Telephone number for the residence where this owner lives.
Fax Number	Fax machine used by this owner.
Cell Phone	Telephone number for a cell phone associated with this owner.
Pager	Number for a pager associated with this owner.
Company Name	Name of this owner's business.
Work Phone	Telephone number for this owner's business.
Address	Primary mailing address information for this owner's business/residence.
Address2	Secondary mailing address information for this owner's business/residence.
City	Name of the city from the mailing address for this owner's business/residence.
State	State from the mailing address for this owner's business/residence.
Zip	Zip code from the mailing address of this owner's business/residence.
County	County from the mailing address for this owner's business/residence.

4 **Visit Reason Section** – Complete this section according to the guidelines below:

* Required field

Premises Visit Assignment Form	
Visit Reason Section	
Data Field	**Description**
Premises Visit Reason	Reason for visiting a premises. To select multiple reasons, press and hold the CTRL down while using the left mouse button to click on your selections.
Tentative Scheduled Date	Date on which the premises visit is scheduled to be made. There are three ways to enter this date: • Click on the Today icon (🔲) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

5 **Assigned to Visit Premises Section** – Complete this section according to the guidelines below:

* Required field

Premises Visit Assignment Form	
Assigned to visit premises Section	
Data Field	**Description**
Assigned Person	Last and first name of the individual who will visit the premises.
	1. Start typing the name in the data field next to the **Assigned Person** label.
	2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath.
	3. Use this second data field's LOV to select the name of the appropriate individual.
Assigned Date	Date on which the premises visit was assigned to this individual.
	There are two ways to enter this date:
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Additional instructions	Optional, additional instructions for the individual who will visit the premises.

6 **Completion of Premises Visit Information Section** – Complete this section according to the guidelines below:

* Required field

Premises Visit Assignment Form	
Completion of premises visit information Section	
Data Field	**Description**
Date Completed ∗	Date on which the premises visit was completed.
	There are three ways to enter this date:
	• Click on the Today icon (📅) to enter the current date.
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Closing Remarks	Optional, additional comments by the individual who visited the premises.

7 **File Attachments Section** – Use to associate other documents with the Premises Visit Assignment Form.
Examples of such attachments can be: a map to the visited premises, photographs of the sampled animals observed onsite, descriptions of animal feed/housing methods, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments

8 **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

9 After entering all of your data in this form, click on 💾 **SAVE** .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

10 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Premises Visit Assignment Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

  MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Premises Visit Assignment Form and is ready for you to email.

  NEW VISIT   Click, to open a new Premises Visit Assignment Form.

  REQUEST DELETION   Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

  HELP   Click, to display a Help Document about this form. Click on ❌ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Premises Visit Assignment** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Animal Owner Info** **Visit Info** **Attachments** **All Sections** Navigation Bar to navigate within the Premises Visit Assignment Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Premises Visits**.
  b. In the View data field, select a format for this report.
  c. Click on the symbol to generate this report.

  Premises Visits   Category

  Visit Assignments (Cat)   View
  Visit Assignments (Cat)

Section 17: Questionnaire Form

Form's purpose:	-- Documents information about an animal or premises owners, animal and other movement types, biosecurity, environmental issues, and any other information deemed potentially epidemiologically important.
	-- The questions on this form are designed to be disease-specific and/or outbreak-specific. Consequently, you can modify these questions as needed to serve your particular case or Incident Command investigation.
	-- For most cases/investigations, only one Questionnaire Form should be completed for a premises.
Pre-requisite(s):	Depends on the Questionnaire Form itself and on the investigation/Incident Command for which the form was created. Contact your supervisor for this information.
To access this form:	1. On the Investigation Summary Form, click on ⭐ **FOLLOW-UP FORMS** .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Questionnaire** link.
	4. You may see a screen that lists any existing forms already associated with the premises in this case.
	~ To edit an existing form, select its **Click here to edit this form** link.
	~ To open a blank form, select **Click here to create a new QR**.

Note: The Questionnaire Form is a template form that can be customized to meet the specific needs of your animal program's investigation/task force. And because each customized Questionnaire Form will be unique, this User Manual is not able to provide a data-entry procedure in this section for you to follow.

Instead, we are providing some generic information and a Questionnaire Form example that has been customized for an Exotic Newcastle Disease (END) investigation to show how you might use this form.

Questionnaire Form Example

1 When you open a new Questionnaire Form, it should have several initial sections, such as the ones shown in the example below.

Each tab identifies one section on the form.

2 Fill out these initial sections. Be sure to save your data-entry work.

3 The form refreshes, displays the data you just entered, and adds several new sections.   (What these new sections cover will depend on the needs of your specific investigation/Incident Command.)

Shown below and on the next three pages are the new sections that were added to a customized Questionnaire Form that was created for an Exotic Newcastle Disease (END) incident. You can use these sections as models in creating your own customized Questionnaire Form.

General Information

Who are you inteviewing? `Premises Owner ▼`

If Boarding Bird Owner, go to the SUPPLEMENTAL Section of this form

Questions about THIS Premises

If an INFECTED Premises:
In your opinion, how do you think your birds became infected? `[          ]`

If a DANGEROUS CONTACT or UNDETERMINED premises:
In your opinion, how do you think your birds became infected? `[          ]`
What evidence do you have to support this opinion? `[          ]`

Gamecock Census at THIS Premises (Enter Verified Numbers)

Class	Owned	Boarded	Total
Breeding Cocks			0
Gamecocks			0
Stags			0
Hens			0
Pullets			0
Chicks			0

Other Bird Species Census at THIS Premises (Enter Verified Numbers)

Class	Owned	Boarded/Feral	Total
Backyard Chickens			0
Waterfowl			0
Exotic Fowl			0
Ratites			0
Psitticines			0
Passerines			0
Pigeons			0
Doves			0

Does the PREMISES OWNER have any birds at OTHER locations? ○ Yes ○ No
If Yes, enter information on an ATTACHMENT after you save this form

Do OTHER people have birds at THIS location? ○ Yes ○ No
If Yes, enter information on an ATTACHMENT after you save this form

---

Other Species on Premises (Enter how many of each)

Horses	[____]	Cattle	[____]
Swine	[____]	Sheep	[____]
Goats	[____]	Dogs	[____]
Cats	[____]	Wild Animals	[____]
Reptiles	[____]		

Increased Number of SICK birds in last 90 days?   ○ Yes ○ No

How long since onset of increased illness (days)   [____]

Increased Number of DEAD birds in last 90 days?   ○ Yes ○ No

How many died in the last week?   [____]

Any NEW poultry INTRODUCTIONS in past 90 days?   ○ Yes ○ No

PLEASE be as specific as possible on these questions:

Date	Where they came from (address)
[____] 📇	[_____]
[____] 📇	[_____]
[____] 📇	[_____]
[____] 📇	[_____]
[____] 📇	[_____]

List any locations or sources that you are aware of where people can buy, sell or house gamefowl: [_____]

Have any birds LEFT the premises in the last 90 days?   ○ Yes ○ No

Date	Reason	Destination		Return?
[____] 📇	[___ ▼]	[_____]		○ Yes ○ No
[____] 📇	[___ ▼]	[_____]		○ Yes ○ No
[____] 📇	[___ ▼]	[_____]		○ Yes ○ No
[____] 📇	[___ ▼]	[_____]		○ Yes ○ No
[____] 📇	[___ ▼]	[_____]		○ Yes ○ No

Premise Setting: [_____ ▼]   Vehicle traffic load around premises: [_____ ▼]

Trespassers a problem?   ○ Yes ○ No

Roosting, Feral birds on or near Premises?   ○ Yes ○ No   What kind?   [_____]

Visitors/Clients/Guests in the last 90 days?   ○ Yes ○ No   Any Form of biosecurity practiced?   ○ Yes ○ No

Have you, your employees, boarders or visitors done any of the following in the last 90 days?

Visit Swap Meet where birds are present?   ○ Yes ○ No   Visit/Participate in Poultry Exhibition?   ○ Yes ○ No

Handle other peoples birds?   ○ Yes ○ No   Visit other Premises with birds?   ○ Yes ○ No

How is feed delivered to the premises?

Picked up and delivered by my own vehicle: ○ Yes ○ No   Have it delivered by the feed company?   ○ Yes ○ No

Other? (Specify)   [_____]   Name and location of Feed Company(s) that supply this premises: [_____]

Have your birds received NewCastle Disease Vaccination?   ○ Yes ⦿ No

Age at 1st vaccination: [_____]   Brand Used: [_____]

Age at 2nd vaccination: [_____]   Brand Used: [_____]

Age at 3rd vaccination: [_____]   Brand Used: [_____]

If you have boarded birds, are they on the same vaccination program?   ○ Yes ○ No

Do you know of other backyard poultry in the neighborhood?   ○ Yes ○ No
   If Yes, enter information on an ATTACHMENT after you save this form

Do you feel that Exotic Newcastle Disease should be eradicated as quickly as possible?   ○ Yes ○ No

If your birds have to be killed, do you still feel that it's the right thing to do?   ○ Yes ○ No

Questions for the Interviewer

Please comment on the interviewee's attitude about the eradication effort: [_____]

Do you feel that he/she would voluntarily offer his/her flock for depopulation or resist? ○ **Offer** ○ **Resist**

Briefly describe the general layout of the premises, it's surrounding area, safety and general working conditions for depopulation and C&D crews:

Add any comments you wish (just open ended things that may be helpful, etc.)

Boarding Bird Owner Information

Gamecocks owned by THIS PERSON (Enter Verified Numbers)

Class	Number Kept Here	Total Number Owned
Breeding Cocks		
Gamecocks		
Stags		
Hens		
Pullets		
Chicks		

Questions about THIS Premises

If an INFECTED Premises:

In your opinion, how do you think your birds became infected?

If a DANGEROUS CONTACT or UNDETERMINED premises:

In your opinion, how do you think your birds became infected?

What evidence do you have to support this opinion?

Other Bird Species Census at THIS Premises (Enter Verified Numbers)

Class	Owned	Boarded/Feral	Total
Backyard Chickens			0
Waterfowl			0
Exotic Fowl			0
Ratites			0
Psitticines			0
Passerines			0
Pigeons			0
Doves			0

Does the PREMISES OWNER have any birds at OTHER locations? ○ **Yes** ○ **No**
*** If Yes, enter information on an ATTACHMENT after you save this form ***

Do OTHER people have birds at THIS location? ○ **Yes** ○ **No**
*** If Yes, enter information on an ATTACHMENT after you save this form ***

Other Species on Premises (Enter how many of each)

Horses		Cattle	
Swine		Sheep	
Goats		Dogs	
Cats		Wild Animals	
Reptiles			

Increased Number of SICK birds in last 90 days? ○ **Yes** ○ **No**

How long since onset of increased illness (days)

Increased Number of DEAD birds in last 90 days? ○ **Yes** ○ **No**

How many died in the last week?

Any NEW poultry INTRODUCTIONS in past 90 days? ○ **Yes** ○ **No**

PLEASE be as specific as possible on these questions:

Date   **Where they came from (address)**

[ ] 🔍 [   ]

[ ] 🔍 [   ]

[ ] 🔍 [   ]

[ ] 🔍 [   ]

[ ] 🔍 [   ]

List any locations or sources that you are aware of where people can buy, sell, trade or house gamefowl: [   ]

Have any birds LEFT the premises in the last 90 days?   ○ Yes ○ No

Date   **Reason**   **Destination**   **Return?**

[ ] 🔍 [▼] [   ]   ○ Yes ○ No

[ ] 🔍 [▼] [   ]   ○ Yes ○ No

[ ] 🔍 [▼] [   ]   ○ Yes ○ No

[ ] 🔍 [▼] [   ]   ○ Yes ○ No

[ ] 🔍 [▼] [   ]   ○ Yes ○ No

Premise Setting: [▼]   Traffic load around premises: [▼]

Trespassers a problem? ○ Yes ○ No

Roosting, Feral birds on or near Premises? ○ Yes ○ No   What kind? [   ]

Visitors/Clients/Guests in the last 90 days? ○ Yes ○ No   Any Form of biosecurity practiced? ○ Yes ○ No

Have you, the premises owner, employees, other bird owners or regular visitors to your knowledge done any of the following in the last 90 days?

Visit Swap Meet where birds are present? ○ Yes ○ No   Visit/Participate in Poultry Exhibition? ○ Yes ○ No

Handle other peoples birds? ○ Yes ○ No   Visit other Premises with birds? ○ Yes ○ No

How is feed delivered to the premises?

Picked up and delivered by own vehicle: ○ Yes ○ No   Have it delivered by the feed company? ○ Yes ○ No

Other? (Specify) [   ]   Name and location of Feed Company(s) that supply this premises: [   ]

Have your own birds received Newcastle Disease Vaccination? ○ Yes ○ No

Age at 1st vaccination: [   ]   Brand Used: [   ]

Age at 2nd vaccination: [   ]   Brand Used: [   ]

Age at 3rd vaccination: [   ]   Brand Used: [   ]

Do you know of other backyard poultry in the neighborhood? ○ Yes ○ No

Information about neighbors can be entered on an ATTACHMENT after you save this form

Do you feel that Exotic Newcastle Disease should be eradicated as quickly as possible? ○ Yes ○ No

If your birds have to be killed, do you still feel that it's the right thing to do? ○ Yes ○ No

Questions for the Interviewer

Please comment on the interviewee's attitude about the eradication effort:
[   ]

Do you feel that he/she would voluntarily offer his/her flock for depopulation or resist?   ○ Offer ○ Resist

Briefly describe the general layout of the premises, it's surrounding area, safety and general working conditions for depopulation and C&D crews:
[   ]

File Attachments

File Upload [   ] [Browse...]

File Upload [   ] [Browse...]

File Upload [   ] [Browse...]

Edit History

Time & Date   User   Field Name   Field Data

Document History

Questionnaire   Developed by AIM, ITC/Eagle TC, Ver 2, 10/2001

Document Editors   Susan Johnston/CO/APHIS/USDA

Document Creator   Susan Johnston

Questionnaire Form – Next Steps

For most custom Questionnaire Forms, you should be able to do any of the following tasks after saving the form:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on ⬦ **SAVE** .
NEW QUEST	Click, to open a new Questionnaire Form.
NEW ATTACH	Click, to open a new Attachment Form.
MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Questionnaire Form and is ready for you to email.
CHANGE INVES	Click, to associate this form with a different Investigation Summary Form.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ❎ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Questionnaire** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Assignments**   **Questionnaire**   **Supplemental**   **Mitigation & Followup**   **All Sections** Navigation Bar to navigate within the Questionnaire Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

Section 18: Sample Detail Form

Form's purpose:	-- Documents one animal sample that was submitted for testing. Identification details about this animal sample include **Sample ID**, **Sample Type**, **Sample Preservation**, **Examinations Requested**, **# of Containers/ Tube/Bags**, and the **Breed** that the sample was collected from. -- A separate Sample Detail Form must be created for each individual sample listed on the Lab Submission Form 10-4.
Pre-requisite(s):	Create this form *only after* you have already started the Lab Submission Form 10-4.
To access this form:	On the Lab Submission Form 10-4, click on CREATE SAMPLE .

Data-Entry Procedure

1 You should have a blank Sample Detail Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

SAMPLE DETAIL FORM   Incident: **Training**   Incident Site: **Ohio**

▼**Hide Prem Info**

Referral Control Number	**080528103004A**	**Prem ID**	**OH111**
Local ID		Prem Name	
		Prem Owner	**Harris, Jim**
Case Classification		Prem Address	**1012 Lands End**
			Columbus OH, 44338
		Prem County	**Cuyahoga**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info

See Step **2**

Is this the last Sample for this Lab Submission?
◯ **Yes** ◯ **No**

Sample Info

Collection Date	Field Tracking #	Lab Accession #	Species
05/27/2008			**Bovine (Cattle)**

Sample ID   [＿＿＿＿]   Sample Type   [＿＿＿＿＿▾]   Sample Preservation   [**Alcohol** ▾]
Specimen ID

Examinations Requested   ☐ **Agent Isolation** ☐ **Histopathology** ☐ **Serology** ☐ **Toxicology** ☐ **Other**

Primary container used (Smallest unit) ◯ **Blood Tube** ◯ **Sample Vial** ◯ **Whirlpack** ◯ **Jar** ◯ **Other**

# of Containers / Tubes / Bags   [＿＿＿]   # of Animals per Container   [＿＿＿]

Sample Info

See Step **3**

ID Type	Unique ID #	Breed	Color	Age #	Age Qualifer	Sex	Status at Sampling	
○ Animal					○ Days	○ Male	○ Alive	
○ Barn					○ Weeks	○ Female	○ Dead	
○ Flock					○ Months		○ Unknown	
○ Group					○ Years	☐ Spayed		
○ House					○ Adult	or Neutered		
○ Lot								
○ Other								

Comments:

Sample Info (continued) — See Step ③

Test View

No documents found

Test View — See Step ④

File Attachments

File Upload		Browse…
File Upload		Browse…
File Upload		Browse…

File Attach — See Step ⑤

Document History

Document Type	Sample Detail Form
Document Editors	EMRS Agent Signer/APHIS/USDA, Susan Johnston/CO/APHIS/USDA
Document Creator	Susan Johnston
Document Creation Date	05/29/2008

Doc Hist — See Step ⑥

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Sample Detail Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Sample Detail Form.
Prem ID	Unique identification number assigned to the premises being investigated.

Sample Detail Form	
Prem Info Section	**continued**
Data Field	**Description**
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Sample Info Section** – Complete this section according to the guidelines below:

* Required field

Sample Detail Form	
Sample Info Section	
Data Field	**Description**
Is this the last Sample for this Lab Submission?	**Yes** = The Sample Detail Form you are currently completing is for the final animal sample reported on the Lab Submission Form 10-4. **No** = The Sample Detail Form you are currently completing is not for the final animal sample reported on the Lab Submission Form 10-4.
Collection Date	Date on which the samples were collected from the animal(s). Auto-filled from the Lab Submission Form.
Field Tracking #	Number used for any chain-of-custody logs in the field. Auto-filled from the Lab Submission Form.
Lab Accession #	Unique number assigned by the processing laboratory to a submitted animal sample. Auto-filled from the Lab Submission Form.
Species	Species to which the sampled animal/herd/flock belongs. Auto-filled from the Lab Submission Form.
Sample ID	A unique-within-this-Submission identification number that is assigned to a single animal sample. (The sample can be from a single animal, from a group of animals, or from the environment.)
Sample Type	Type of sample that was collected from the animal, herd/flock, or environment. Use this data field's LOV to make a selection. If you select **Other**, also enter additional details in the **Please Specify** data field.
Sample Preservation	Method for packing/preserving the animal sample inside its individual container. Use this data field's LOV to make a selection. The choices are: <table><tr><td>Alcohol</td><td>Formalin</td><td>Other</td></tr><tr><td>Borax</td><td>None</td><td></td></tr></table> If you select **Other**, also enter additional details in the **Please Specify** data field.
Specimen ID	Auto-filled with a globally-unique identification number for this specimen/sample, which allows automated reporting of results when lab integration is completed.
Examinations Requested	Specific tests you are requesting to be performed on the animal samples. *Note*: The processing laboratory may run additional tests, according to their test protocols. Check the radio button next to the appropriate examination type(s). You can select more than one type. If you check **Other**, also enter additional details in the **Please Specify** data field.

Sample Detail Form	
Sample Info Section	**continued**
Data Field	**Description**
Primary container used (Smallest unit)	Type of container in which the animal samples are packed for shipping to the processing laboratory. Check one box next to the appropriate container type. If you check **Other**, also enter additional details in the **Please Specify** data field.
# of Containers / Tubes / Bags	Number of containers used to contain only this individual sample. Default value=**1**. *Examples:* - You can submit pooled samples, such as pooled swabs from 5 birds in one vial. For this, you would enter **1** into this data field on each bird's own Sample Detail Form. - You have a sample from one animal, such as its brain, which had to be split into two containers. You would enter **2** into this data field. *Note:* This data field's value is not the same as the number of containers used to ship all animal samples reported on a Lab Submission Form.
# of Animals per Container	Number of animals whose samples are packed into each container reported in the **# of Containers/ Tubes/Bags** data field. Default value=**1**. *Example*: You can submit pooled samples, such as pooled swabs from 5 birds in one vial. For this case, you would enter **5** into this data field.
ID Type	Description of how the sampled animals or environment were grouped on the premises where the sampling event was performed. Check one radio button next to the appropriate description.
Unique ID #	Unique identification value assigned to the sampled animals/herd/flock or environment. This value should be premises-specific. Manually enter this information.
Breed	Breed of the sampled animals. Use this data field's LOV to make a selection.
Color	Primary face color or skin color of the sampled animals Manually enter this information.
Age #	Numerical value that represents the age of the individual animal that was sampled OR the average age of the herd/flock that was sampled. Manually enter this information.
Age Qualifier	Length of time indicated by the **Age #** value. Check one radio button next to the appropriate value.
Sex	1. Check the radio button next to the gender (**Male** or **Female**) of the individual animal or animal group that was sampled. 2. Check the **Spayed or Neutered** box if the individual animal or animal group met this criteria.
Status at Sampling	Condition of the individual animal or animal group that was sampled.
Comments	Any additional comments about the sample.

4 **Test View Section** – Is auto-filled with any test records that were created on Test Result Forms by the processing laboratory. (*Optional*: Click on any **TestType** link to open and view the Test Result Form for that particular test.)

5 **File Attachments Section** – Use to associate other documents with the Sample Detail Form.
Examples of such attachments can be: photographs of the sampled animals, descriptions/photographs of the building/pastures where the animals are housed, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on [Browse...] .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

6 **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

7 After entering all of your data in this form, click on ⬦SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

8 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Sample Detail Form – Next Steps

At this point, you can do any of the following tasks:

• Use any of the Grey Action Buttons:

| ⬦EDIT | Click, to re-open this form in data-entry mode. After making your changes, click on ⬦SAVE . |

| 📋NEW SAMPLE | Click, to open a new Sample Detail Form. |

| 📋COPY SAMPLE | Use to copy the data from the previous Sample Detail Form into either:
• a new Standard Sample Detail Form (see *Method A* below).
• A new Custom Sample Detail Form (see *Method B* below).

Method A: Using the Standard Sample Detail Form:
1. Click on this button.
2. A **How do you wish to copy your sample** window appears.
3. Choose how to auto-fill a new standard Sample Detail Form by clicking on one of the following options:
   • Same Animal(s), Different Test
   • Same Test, Different Animal(s)
   • Same Test, Similar Animal(s) Description
4. A new standard Sample Detail Form appears, and is auto-filled as you specified.
5. Complete the rest of this new Standard Sample Detail Form and save it.

Method B: Using a Custom Sample Detail Form:
1. Click on this button.
2. A **How do you wish to copy your sample** window appears.
3. Under the Create Custom Sample form button, check any or all of the names for the data fields that you want to include on the new custom Sample Detail Form.
4. Click on [Create Custom Sample form] .
5. A new custom Sample Detail Form appears that displays only the data fields you requested.
6. Complete this new Custom Sample Detail Form and save it. |

| 📋CREATE TEST RESULT | Click, to open a new Test Result Form. |

| 📧MAIL IT | Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Sample Detail Form and is ready for you to email. |

| ✖REQUEST DELETION | Click, to submit a request to delete this form and all descendent documents created from it. |

| ✖DELETE DOC | Click, to permanently delete this form and all descendent documents created from it. |

| ❓HELP | Click, to display a Help Document about this form. Click on ✖ to close this Help Document. |

- Use the **WelcomePage -> Investigation Summary -> Lab Submission Form -> Sample Detail Form** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a.   In the Category data field, select **Lab**.

  b.   In the View data field, select a format for this report.

  c.   Click on the symbol to generate this report.

Section 19: Status Form

Form's purpose:	Used to place a status on an investigation or premises for a defined time period.
Pre-requisite(s):	Create this form *only after* you have already started the Investigation Summary Form.

To access this form:	1. On the Investigation Summary Form, click on FOLLOW-UP FORMS .
	 2. A pop-up box appears that lists the available Follow-Up Forms.
	 3. Click on the **Statuses** link.
	 4. You may see a screen that lists any existing forms already associated with the premises in this case.
	     ~ To edit an existing form, select its **Click here to edit this form** link.
	     ~ To open a blank form, select **Click here to create a new STR**.

Data-Entry Procedure

1 You should have a blank Status Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

STATUS   Incident: **Training**   Incident Site: **Ohio**

▼ **Hide Prem Info**

Referral Control Number	**080528103004A**	**Prem ID**	**OH111**
Local ID		Prem Name	
		Prem Owner	**Harris, Jim**
Case Classification	**Undetermined**	Prem Address	**1012 Lands End**
			Columbus OH, 44338
		Prem County	**Cuyahoga**
Form Status		Operation Type	**Farm or Ranch**
		Prem Org Assoc	

Prem Info   See Step **2**

Status Summary

Status Type *

Start Date *   End Date   Today Calendar

Tenative Schedule Release Date

Created/Updated By

Reason/Comments

Status Summary   See Step **3**

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Status Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Status Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ **Status Summary Section** – In the EMRS, there are three levels of statuses. You will be working with all three levels in this section. From high-level to detailed, they are:

Status Group
A set of **Status Types** that share a similar purpose and rules enforced by the EMRS.
There are four Status Groups: *Premises Statuses*, *Quarantine Statuses*, *Zone Statuses*, and *Miscellaneous Statuses*.

↓

Status Type
A category that is a subset in one of the Status Groups.

↓

Status Definition
Detailed criteria that must be met by a premises in order to be assigned a **Status Type**.

Note 1: The Status Summary Section table below lists all of the possible data fields that can appear in this section. You may not see every data field – it depends on both your EMRS login permissions and the **Status Type** value you select.

Note 2: Statuses are often customized to meet the needs of a specific investigation/Incident Command. So the **Status Type** and **Status Definition** LOV values shown in the following table may be different from what you see on the EMRS Status Form being used by your investigation/Incident Command.

Complete this section according to the guidelines below.

* Required field

Status Form	
Status Summary Section	
Data Field	**Description**

Status Type ✳	A disease-related status that is assigned to a premises.
	
	Note 3: The four charts below show the **Status Groups** to which each **Status Type** belongs. These groups do not appear on the Status Form, however. They appear only in the Investigation Summary Form's Current Status Section and in the Header/Prem Info Section on other Investigation Module follow-up forms.
	
	Note 4: The four charts below also show the **Status Definitions** that make up each **Status Type**.
	
	• A premises only has to satisfy one **Status Definition** in order to be assigned its **Status Type**.
	
	• Sometimes, a premises is able to satisfy several **Status Definitions** under the same **Status Type**. In this situation, it is recommended that you keep only one Status Form open for the premises (by not entering an **End Date**), and to change the **Status Definition** as needed. See the steps below:
	
	    a. In the **Start Date** data field, specify the date for the first **Status Definition** you are using.
	
	    b. In the **Status Definition** data field's LOV, select the most applicable **Status Definition** for the premises.
	
	    c. Do any other data-entry work in the Status Form. Be sure to save your work and close the form.
	
	    d. When ready to change the **Status Definition**, re-open the Status Form in EDIT mode.
	
	    e. Change the **Start Date** value so that it will apply to the new **Status Definition**.
	
	    f. In the **Status Definition** data field's LOV, select the new **Status Definition**.
	
	    g. To see a list of **Status Definition** changes, look at the Status Definition History section on the Status Form. These changes will appear as a string, with the oldest definitions listed first, followed by any more recent definitions.
	
	        • Each individual change includes the date of the change and the definition's code.
	        Example: **06/30/2008, NGDU**
	
	        • Multiple changes are separated by semi-colons.
	        Example: **06/30/2008, NGDU;07/02/2008, NGPD**

Chart 1…Premises Status Group

Current disease status of the premises that is being investigated. Only one Premises Status can be open at a time.

• *On a new Status Form*, use this data field's LOV to make your selection. Then press ENTER. The current choices are:

Status Type	Description
Adjacent	The premise shares a common boundary, border, or fence with a Diagnosis Positive premises.
Dangerous Contact	The premises has a direct epidemiological link to another premises that already meets the Case Definition for the disease being investigated.
Diagnosis Negative	The premises is currently considered to not be infected according to the Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Diagnosis Positive	The premises is currently considered to be infected for the listed disease and the defined Case Definition. It was given this status by the Disease Reporting Officer (DRO) in response to clinical signs and testing that was performed.
Undetermined	Default. The premises is assigned this status either because no activities have occurred to determine a status, or because all open statuses have expired and been closed.
Voluntary Depopulation	The premises had all of its animals removed, so no current diagnosis applies to it.

• *On an existing Status Form*, this data field is auto-filled according to any open *disease* Status Forms associated with this premises' investigation. If there are no open forms, this data field's default value=**Undetermined**.

Status Form	
Status Summary Section	**continued**
Data Field	**Description**

Status Type ∗ **(continued)**	**Chart 2…Quarantine Status Group** Current quarantine status of the premises that is being investigated. Can be either open or closed, one at a time. • *On a new Status Form*, use this data field's LOV to make your selection. Then press ENTER. The current choices are: | **Status Type**	**Description**
Hold	The premises or certain animals are currently under a verbal or written Hold Order.
Individual Animal	An individual animal has been quarantined, but not the entire premises.
Not Quarantined	Default. The premises or animals on it are currently not under a Quarantine Order.
Quarantined	The premises or certain animals are under a written Quarantine Order as a result of a disease investigation. | • *On an existing Status Form*, this data field is auto-filled according to any open *quarantine* Status Forms associated with this premises' investigation. If there are no open forms, this data field's default value=**Not Quarantined**. **Chart 3…Zone Status Group** Current zone status of the premises that is being investigated. Only one Zone Status can be associated with a premises at a time. *Note*: Not all investigations/Incident Commands use this Zone Status feature. • *On a new Status Form*, use this data field's LOV to make your selection. Then press ENTER. The current choices are: | **Status Type**	**Description**
Buffer Zone	The premises resides in a buffer zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Free Zone	Default. The premises resides outside of any disease zones.
Infected Zone	The premises resides in the infected zone. This status enables an investigation/Incident Command to: - Quickly recognize that a premises may require additional measures. - Produce reports based on this data field without needing to use GIS systems to select premises.
Surveillance Zone	The premises resides in the surveillance zone. | • *On an existing Status Form*, this data field is auto-filled according to any open *zone* Status Forms associated with this premises' investigation. If there are no open forms, this data field's default value=**Free Zone**. **Chart 4…Miscellaneous Statuses Group** Current miscellaneous status of the premises that is being investigated. You can assign multiple miscellaneous statuses to a premises for a variety of reasons. • *On a new Status Form*, use this data field's LOV to make your selection. Then press ENTER. The current choices are: | **Status Type**	**Description**
Active Commercial DB Surveillance	The premises has been placed under active dead bird surveillance.
Trace Test Required	Exposed animals have been traced to a premises; this premises is now required to have a test of all susceptible animals. Once the test is completed, entering an **End Date** will close this status.
Compliance Agreement	A premises has agreed to follow certain restrictions to avoid a quarantine of all animals. | • *On an existing Status Form*, this data field is auto-filled according to any open *miscellaneous* Status Forms associated with this premises' investigation.

Status Form	
Status Summary Section	**continued**
Data Field	**Description**

Data Field	Description
Start Date ✻	Date on which a **Status Type** is placed on a premises or investigation. There are two ways to enter this date: • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
End Date	Date on which a premises no longer meets the criteria for its current **Status Type**. The current **Status Type** is given an End Date to close it; the premises is then may be given a new **Status Type** or may revert to the defaults. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Tentative Schedule Release Date	Date on which the current **Status Type** for a premises is scheduled to be closed. This data field is typically used only on Status Forms for premises that have some kind of quarantine status.
Created/Updated By	(view-only) – Name of the individual who created/edited the Status Form.
Status Definition ✻	Detailed criteria that must be met by a premises in order to be assigned a **Status Type**. This data field is displayed on the Status Form only if you select a **Status Type** that currently has one or more status definitions associated with it. Use this data field's LOV to make your selection. Then press ENTER. The current choices are:

Chart 1…Premises Status Group

Status Type	Status Definition's Code and Explanation	
Adjacent	ADJ	A premises has fence-to-fence contact with a Diagnosis Positive-premises.
Dangerous Contact	DC	A premises is determined to have direct epidemiological links to another premises that already meets the Case Definition for the disease being investigated.
Diagnosis Negative	**NGND**	FAD negative, negative diagnosis for the domestic disease identified in the **Differential Diagnosis** data field on the Herd/Flock Exam Form.
	NGPD	FAD negative, positive diagnosis for a domestic disease. (Be sure to enter the domestic disease name in the **Reason/Comments** data field.)
	NGDU	FAD negative, undetermined diagnosis for a domestic disease.
Diagnosis Positive	**DGPOS**	FAD positive. Saving this status will activate emergency response procedures. Refinement of a positive case definition will follow.
	VSV1	Vesicular Stomatitis Virus (VSV) positive. A combination of clinical signs and serological test results confirmed this diagnosis.
	BSE1	Bovine Spongiform Encephalopathy (BSE) positive. Confirmed by positive lab results.
	SVC1	Spring Viremia of Carp (SVC) positive. Confirmed by positive lab results.
	WSS1	White Spot Syndrome (WSS) positive. Confirmed by positive lab results.
	TSV1	Taura Syndrome Virus (TSV) positive. Confirmed by positive lab results.
Undetermined	---	Not determined; no current information.
Voluntary Depopulation	VDP	The premises has voluntarily removed all animals thru slaughter or euthanasia and is currently empty.

Status Form	
Status Summary Section	**continued**
Data Field	**Description**

<table>
<tr><td>Status Definition ∗
(continued)</td><td>
Chart 2…Quarantine Status Group

Status Type	Status Definition's Code and Explanation	
Quarantine	QUAR	The premises or animals are under a written Quarantine order.
Not Quarantined	NQ	The premises or animals are not under any Quarantine or Hold orders.

Chart 3…Zone Status Group

Status Type	Status Definition's Code and Explanation	
Buffer Zone	BZ1	The premises resides in the buffer zone.
Free Zone	FZ	The premises resides outside any disease zones.
Infected Zone	IZ1	The premises resides in the infected zone.
Surveillance Zone	SZ1	The premises resides in the surveillance zone.

Chart 4…Miscellaneous Status Group

Status Type	Status Definition's Code and Explanation	
Active Commercial DB Surveillance	AS1	The premises has been placed under active dead bird surveillance.
Trace Test Required	---	Exposed animals have been traced to a premises; this premises is now required to have a test of all susceptible animals. Once the test is completed, entering an **End Date** will close this status.
Compliance Agreement	---	A premises has agreed to follow certain restrictions to avoid a quarantine of all animals.

</td></tr>
<tr><td>Domestic Disease ∗</td><td>A disease that is not foreign to the United States of America.</td></tr>
<tr><td>Date of disease onset ∗</td><td>

Best estimate for the date on which the disease began in a herd/flock.

There are two ways to enter this date:

• Click on the Calendar icon (   ) to display and use a pop-up calendar.

• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

</td></tr>
<tr><td>Reason/Comments</td><td>Any additional comments.</td></tr>
<tr><td>Follow-up Forms</td><td>

List of forms that the EMRS can generate automatically once you save the Status Form.

(This automatic method is more efficient and simpler than the manual method of accessing/filling out each needed form one at a time from the Investigation Summary's Follow-Up Forms pop-up box. And automatically generating forms also ensures that disease control work is captured in the EMRS.)

To use this automatic-form generation feature, do the following:

1. **Create Forms**: Use this data field's LOV to make your selection. The choices are:

If no Pending-status forms of the same type exist	Any forms you check cannot already have been created for your task force/investigation and have a **Pending** status.
If no Pending-status or Assigned-status forms of the same type exist	Any forms you check cannot already have been created for your task force/investigation and have either a **Pending** status or an **Assigned** status.
If no forms of any status of the same type exist	Any forms you check cannot already have been created for your task force/investigation and have either a **Pending, Assigned,** or **Completed** status.
Always	Any forms you check will be created by the EMRS, regardless of the status(es) on these forms.

2. Check the box next to each form that the EMRS should automatically generate for you.

3. Click on   **Save** .

4. A pop-up box asks you to confirm your instructions for creating follow-up forms. Click **OK**.

5. The Status Form is saved, and the EMRS generates any follow-up forms you specified.

6. Links to these forms now appear on the Investigation Summary Form in its Follow-Up Forms section. Click on a link to open that form, where some data has already been copied from the Status Form.

</td></tr>
</table>

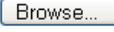**(4)** After entering all of your data in this form, click on ⬦ **SAVE** .

The form refreshes, displays the data you just entered, and adds the following new sections: **File Attachments**, **Edit History**, **Status Definition History**, and **Document Management**.

(5) **File Attachments Section** – Use to associate other documents with the Status Form.
Examples of such attachments can be: printouts of Status Definition criteria, maps that display buffer/infected/ surveillance zone boundaries, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

  Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

(6) **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

(7) **Status Definition History Section** – Displays a list of Status Definition changes that have been made to this Status Form. These changes will appear as a string, with the oldest definitions first, followed by the next most recent.

- Each individual change includes the date of the change and the Status Definition's code.
  Example: **06/30/2008, NGDU**

- Multiple changes are separated by semi-colons.
  Example: **06/30/2008, NGDU;07/02/2008, NGPD**

The *only change you should make* in this section is correcting dates. By default, the EMRS assigns the computer's system date to each Status Definition change – you can change this system date to a more appropriate value.

(8) **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

Status Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

    ![EDIT]   Click, to re-open this form in data-entry mode. After making your changes, click on ![SAVE] .

    ![MAIL IT]   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Status Form and is ready for you to email.

    ![CHANGE INVES]   Click, to associate this form with a different Investigation Summary Form.

    ![HELP]   Click, to display a Help Document about this form. Click on ![X] to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Status** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Status Summary** | **Attachments** | **Distribution & Changes** | **All Sections** Navigation Bar to navigate within the Status Form.

    Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

    a. In the Category data field, select **Statuses**.

    b. In the View data field, select a format for this report.

    c. Click on the ![symbol] symbol to generate this report.

Statuses	▼	Category
Statuses by Incident/Prem-Open Inves Only ▼		View
Statuses by Incident/Prem-Open Inves Only		
Status Definition View		
Categorized status counts		

Section 20: Surveillance Form

Form's purpose:	Use to schedule and track the completion of surveillance rounds mainly at commercial poultry operations or premises that are under enhanced surveillance, by sampling birds that have died at these locations in the past twelve hours. Birds are placed in cans near the road to prevent them from having any contact with normal healthy birds, and proper biosecurity during sampling reduces the risk of any disease spread among operations.
Pre-requisite(s):	Create this form *only after* you have already started the Investigation Summary Form and associated a Status Form to this Investigation Summary Form. On the Status Form, you need to have specified either: - a **Status Type = Surveillance Zone** - a **Status Type = Active Commercial DB (Dead Bird) Surveillance**
To access this form:	1. On the Investigation Summary Form, click on 🟡 **FOLLOW-UP FORMS**. 2. A pop-up box appears that lists the available Follow-Up Forms. 3. Click on the **Surveillance** link. 4. You may see a screen that lists any existing forms already associated with the premises in this case. ~ To edit an existing form, select its **Click here to edit this form** link. ~ To open a blank form, select **Click here to create a new SR**.

Data-Entry Procedure

1 You should have a blank Surveillance Form displayed onscreen (see below and the next page).
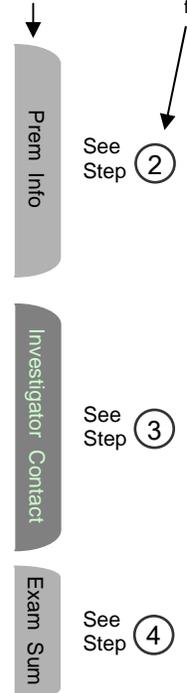
Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Animals Sampled Information

Primary round sampling *

Species	Round *	Animals Sampled? *	# Animals Sampled *	Reason *	ReSample Needed

Species:
- Avian (Pet Birds)
- Bison
- Bovine (Cattle)

Animals Sampled?
- Yes
- No

Reason:
- Surveillance
- Infected

ReSample Needed:
- Yes
- No

If Commmercial Facility, were all houses sampled? ○ Yes ○ No ○ N/A

Total # Houses Sampled _____ List House ID Numbers _____

Total # Not Sampled _____ List House ID Numbers _____

Comments: _____

Resample Schedule date _____ Today Calendar

Resampling for round (If needed)

Species	Round *	Animals Sampled? *	# Animals Sampled *	Reason *	ReSample Completed

Species:
- Avian (Pet Birds)
- Bison
- Bovine (Cattle)

Animals Sampled?
- Yes
- No

Reason:
- Surveillance
- Infected

ReSample Completed:
- Yes
- No

If Commmercial Facility, were all houses sampled? ○ Yes ○ No ○ N/A

Total # Houses Sampled _____ List House ID Numbers _____

Total # Not Sampled _____ List House ID Numbers _____

Comments: _____

Total Number in Sampled   **0**

Resampled Date _____ Today Calendar

Field comments: _____

Lab Submission Forms

File Attachments

File Upload	_____	Browse...
File Upload	_____	Browse...
File Upload	_____	Browse...

Document Management

Version	**Developed by AIM, ITC/Eagle TC, Ver 2, 10/2001**
Document Type	**Surveillance**
Document Editors	**EMRS Agent Signer/APHIS/USDA**
Document Creator	**Susan Johnston**

Animals Sampled Information — See Step ⑤

Lab — See Step ⑥

File Attach — See Step ⑦

Doc Mgmt — See Step ⑧

2 **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Surveillance Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Surveillance Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

3 **Investigator Contact Information Section** – Complete this section according to the guidelines below.

* Required field

Surveillance Form	
Investigator Contact Information Section	
Data Field	**Description**
Tentative Scheduled Date	Preliminary date on which this surveillance round is scheduled to be performed at a premises. There are three ways to enter this date: • Click on the Today icon (🔳) to enter the current date. • Click on the Calendar icon (🔳) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Is This a Team Assignment	**Yes** = More than one person is assigned to this surveillance visit. **No** = Only one individual is performing this surveillance visit.
Reasons	Explanation for why surveillance is being conducted at a premises. Use this data field's LOV to make a selection. The choices are: **Dead Bird Surv** — Recent dead chickens placed in cans near entrance to the premises. **Litter Surv** — Sampling of litter after removal of birds. **Surveillance** — Other surveillance activities.
Species Sick	Species to which the sick animals belong.

Surveillance Form	
Investigator Contact Information Section	**continued**
Data Field	**Description**
Assigned Investigator ✱	Name of the individual who is assigned to visit a designated premises in order to complete the Surveillance Form as well as any other on-site activities. 1. Start typing the name in the data field next to the **Assigned Investigator** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Date Assigned ✱	Date on which the surveillance visit was assigned to this individual. There are two ways to enter this date: • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

④ **Exam Summary Section** – Complete this section according to the guidelines below.

* Required field

Surveillance Form	
Exam Summary Section	
Data Field	**Description**
Exam Date ✱	Date on which the surveillance visit was performed at the premises by the investigator. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

⑤ **Animals Sampled Information Section** – Complete this section according to the guidelines below.

* Required field

Surveillance Form	
Animals Sampled Information Section	
Data Field	**Description**
Primary Round Sampling Species ✱	Species to which the animals being tested on this premises belong.
Round ✱	Number that identifies this specific surveillance-sampling round.
Animals Sampled? ✱	**Yes** = The investigator has sampled the animals on this premises. **No** = The investigator has not sampled the animals on this premises. (Sometimes there was no death loss or the owner forgot to place the birds in the cannisters at the premises' entrance.)
# Animals Sampled ✱	Total number of animals that were sampled in this surveillance round.
Reason ✱	Explanation for why not all animals were sampled. 	**Surveillance**	The animals are under active surveillance.	 	**Infected**	The premises is now infected.	 	**Company**	The company refused sampling or has requested other methods.	 	**Empty**	The poultry houses are empty.	
ReSample Needed	**Yes** = Sampling was incomplete on this visit; another visit needs to be made in order to complete this round of sampling. **No** = The investigator has determined that sampling was adequate for this round.

Surveillance Form	
Animals Sampled Information Section	**continued**
Data Field	**Description**
If Commercial Facility, were all houses sampled?	**Yes** = All animal houses at this commercial facility were sampled. **No** = Not every animal house at this commercial facility were sampled. **N/A** = This premises is not a commercial facility, or it has only one house or no houses.
Total # Houses Sampled	Total number of animal houses whose animals were sampled by the investigator.
List House ID Numbers	Identification number for each animal house whose animals were sampled. Use commas to separate these ID numbers. *Example*: **Barn A1, Barn B2, Barn C3**
Total # Not Sampled	Total number of animal houses whose animals were not sampled by the investigator.
List House ID Numbers	Identification number for each animal house whose animals were not sampled. Use commas to separate these ID numbers. *Example*: **Barn A2, Barn B1, Barn B3, Barn C1, Barn C2**
Comments	Any explanations about this visit (e.g., the owner forgot to put birds in the cannisters today, but he will do this tomorrow).

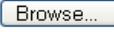|	
ReSample Schedule date	Date on which the animals at this premises are scheduled to be re-sampled. There are three ways to enter this date: • Click on the Today icon (📋) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Resampling for round Species	Species to which the animals being re-sampled on this premises belong.
Round ∗	Number that identifies the specific re-sampling round that this re-sampling work is being done for. (This round number is usually the same number already entered in the **Round** data field next to **Primary Round Sampling**.)
Animals Sampled? ∗	**Yes** = The investigator has re-sampled the animals on this premises. **No** = The investigator has not re-sampled the animals on this premises.
# Animals Sampled ∗	Total number of animals that were re-sampled in this round.
Reason ∗	Justification for re-sampled the animals on the premises. **Surveillance** — The animals are under active surveillance. **Infected** — The premises is now infected. **Company** — The company refused sampling or has requested other methods. **Empty** — The poultry houses are empty.
ReSample Completed	**Yes** = The investigator has completed all of the re-sampling on this premises. **No** = The investigator has not completed all of the re- sampling on this premises.
If Commercial Facility, were all houses sampled?	**Yes** = All animal houses at this commercial facility were re-sampled. **No** = Not every animal house at this commercial facility were re- sampled. **N/A** = This premises is not a commercial facility, or it has only one house or no houses.
Total # Houses Sampled	Total number of houses whose animals were re-sampled by the investigator.
List House ID Numbers	Identification number for each animal house whose animals were re-sampled. Use commas to separate these ID numbers. *Example*: **Barn A1, Barn B2, Barn C3**
Total # Not Sampled	Total number of houses whose animals were not re-sampled by the investigator.

Surveillance Form	
Animals Sampled Information Section	**continued**

Data Field	Description
List House ID Numbers	Identification number for each house whose animals were not re-sampled. Use commas to separate these ID numbers. *Example*: **Barn A2, Barn B1, Barn B3, Barn C1, Barn C2**
Comments	Comments about the re-sampling visit or about the animals that were sampled.
Total Number in Sampled	Total number of animals that were re-sampled during this particular surveillance round.
Resampled Date	Date on which the animals at this premises were re-sampled by the investigator. There are three ways to enter this date: • Click on the Today icon (🔟) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Field Comments	Any additional comments about the re-sampling visit or about problems/issues that occurred.

⑥ **Lab Submission Forms Section** (view-only) – Is auto-filled with a list of Lab Submission Forms that are associated with this Surveillance Form.

⑦ **File Attachments Section** – Use to associate other documents with the Surveillance Form.
Examples of such attachments can be: photographs of the sampled animals, descriptions/photographs of the building/pastures where the animals are housed, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on 〔 Browse... 〕 .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑧ **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

⑨ After entering all of your data in this form, click on 🔖 SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑩ **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

Surveillance Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .

NEW INVES   Click, to open a new Investigation Summary Form.

NEW HERD EXAM   Click, to open a new Herd Exam Form.

CREATE LAB SUB   Click, to open a new Lab Submission Form.

CHANGE INVES   Click, to associate this form with a different Investigation Summary Form.

REQUEST DELETION   Click, to submit a request to delete this form and all descendent documents created from it.

DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Surveillance Form and is ready for you to email.

RETURN VISIT   a. Click, to open a screen where you can both schedule the next surveillance visit to this same premises and automatically create a new Surveillance Form to be used for that visit.

b. In this screen, click on the radio button next to **err** to display a list of visit reasons (shown below).

1 - Select a reason that has the appropriate number of days

2 - If you have a correct reason, but need different number of days enter number of days in the box

3 - Push Create

Format: reason~#days

○

○ Dead Bird Surv~14   Change Number of Days to: [   ]

○ Surveillance~7

Next to each reason is its days-in-advance value (the recommended days to wait before visiting a premises again to do follow-up surveillance sampling). This value appears as either:

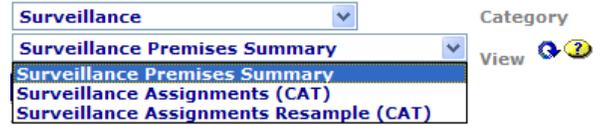|	Explanation	Example
a single number (i.e., ~21)	The next surveillance visit should be done in 21 days, counting forward from either the **Exam Date** or **Tentative Scheduled Date** on the current Surveillance Form.	Reason = **Surveillance** Days-in-advance value = **7** Exam Date on current Surveillance Form = **8/1/2008** Date of next visit to do more surveillance = **8/8/2008**
a range (i.e., 2~14)	The next visit should be 2 days at the earliest up to 14 days at the latest, counting forward from either the **Exam Date** or **Tentative Scheduled Date** on the current Surveillance Form.	Reason = **BZ-Diagnostic** Days-in-advance value = **2~14** Exam Date on current Surveillance Form = **8/1/2008** Earliest Date of next visit to do more surveillance = **8/3/2008** Latest Date of next premises visit to do more surveillance = **8/15/2008** The EMRS, by default, uses the higher number in a range. You can change this default (see Step d below).

c. Check the radio button next to the appropriate reason.

d. To change the default single-number value, or to use a number in a range value that is not the higher number, enter this new value in the **Change Number of Days** to data field.

e. Click on **Create** .

f. A list of forms is displayed. Click on the link for the form you want to work in.

- Use the **WelcomePage** -> **Investigation Summary** -> Surveillance breadcrumb trail to navigate to/open a different form already created for this case.

- Use the Prem Info | Contact Info | Exam Summary | Anim Sampled | Lab Forms | Attachments | Edit History | Doc Management | All Sections Navigation Bar to navigate within the Surveillance Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Surveillance**.

  b. In the View data field, select a format for this report.

  c. Click on the ⟳ symbol to generate this report.

Section 21: Survey Influenza Form

Form's purpose:	--Gathers observations about animal clinical signs and lesions, animal history, and who conducted the visit.
	-- Provides a mechanism for asking eight **Yes/No** questions of an owner to determine the risk factors on his/her premises. These questions can be modified as needed for outbreaks.
	-- Only one Survey Influenza Form should be created for a premises. (If return visits are made to the same premises, record these additional visits on Herd/Flock Exam Forms or Premises Visit Assignment Forms instead.)
Pre-requisite(s):	Create this form only after you have already completed the Investigation Summary Form.
To access this form:	1. On the Investigation Summary Form, click on 📋 **FOLLOW-UP FORMS** .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Survey Influenza** link.
	4. You may see a screen that lists any existing forms already associated with the premises in this case.
	~ To edit an existing form, select its **Click here to edit this form** link.
	~ To open a blank form, select **Click here to create a new SIR**.

Data-Entry Procedure

1 You should have a blank Survey Influenza Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Prem Info — See Step ②

Investigator Contact — See Step ③

Exam Summary — See Step ④

Animal Information

	Species	# Sick *	Date of 1st Sickness	# Dead *	Date of 1st Death	Number Unaffected
Primary Species Affected. * *Please wait for the form to refresh then select the breed!*						
Breed ⓐ						0
Second Affected Species. *Please wait for the form to refresh then select the breed!*						
Breed ⓐ						0
Other Susceptible/Affected Species	Avian (Pet Birds) Bison					0
Total Number in Herd		0		0		0 0

Animal Information

See Step ⑤

Other Information

○ Yes ○ No   1. Has anyone from this household been on a poultry farm in British Columbia over the last 2 months?

○ Yes ○ No   2. Has anyone from a poultry farm in British Columbia visited your farm over the last 2 months?

○ Yes ○ No   3. Do any of your poultry originate from British Columbia?

○ Yes ○ No   4. Do you purchase or receive any poultry supplies or equipment from British Columbia?

Consent to Testing

○ Yes ○ No   5. Would you allow testing of your poultry about 3 times over the next two months?

○ Yes ○ No   6. Would you be willing to contribute several eggs to test for antibodies to Avain Influnza?

○ Yes ○ No   7. Would you allow us to collect blood samples from your poultry in 2 – 3 weeks ?

○ Yes ○ No   8. Would you allow testing on Sunday if necessary?

Comments

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Survey Influenza Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)

Survey Influenza Form	
Prem Info Section	**continued**
Data Field	**Description**
Local ID Number	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Prem ID	Unique identification number assigned to the premises being investigated.
Form Status	Current status of this Survey Influenza Form.
Case Classification	Current Disease Status of the premises.
Primary Species on Premises	Species to which the majority of animals on the premises belong.
Animal Owner	Name of the premises where the owner of the animals being investigated resides.
Animal Owner	Last and first name of the owner of the animals being investigated.
Location Prem Owner	Name of the premises where the animals being investigated are located.
Location Prem Owner	Last and first name of the owner of the premises where the animals being investigated are located.
Incident Site	Name of the incident that is using this Survey Influenza Form.
Premises Operation Type ∗	Primary operation/service/business that is actively being conducted on the premises. If you select **Other**, also enter additional details in the **Please specify** data field.

(3) **Investigator Contact Information Section** – Complete this section, using the guidelines below:

* Required field

Survey Influenza Form	
Investigator Contact Information Section	
Data Field	**Description**
Tentative Scheduled Date ∗	Date on which the investigator is scheduled to visit the premises to conduct the influenza survey. There are three ways to enter this date: • Click on the Today icon (🔟) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Assigned Investigator ∗	Last and first name of the investigator who will visit the premises to conduct the influenza survey. 1. Start typing the name in the data field next to the **Assigned Investigator** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Date Assigned ∗	Date on which the investigator is notified of his/her assignment to conduct the influenza survey. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon (📅) to display and use a pop-up calendar.
Work Phone	Business telephone number associated with this investigator. This data field may be auto-filled, or you can enter/edit it manually.
Pager	Pager telephone number associated with this investigator. This data field may be auto-filled, or you can enter/edit it manually.
Field Fax	Fax machine number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.

Survey Influenza Form	
Investigator Contact Information Section	**continued**
Data Field	**Description**
Field Phone	Telephone number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.
Field Cell Phone	Cell telephone number located at a field site that can be used for contacting the investigator. This data field may be auto-filled, or you can enter/edit it manually.
E-mail	E-mail address associated with this investigator. This data field may be auto-filled, or you can enter/edit it manually.

4 **Exam Summary Section** – Complete this section, using the guidelines below:

* Required field

Survey Influenza Form	
Exam Summary Section	
Data Field	**Description**
Exam Date ∗	Date on which the affected herd was examined by the investigator. There are three ways to enter this date: • Click on the Today icon ( ) to enter the current date. • Click on the Calendar icon ( ) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Clinical History	Optional comments to be written by the investigator regarding the affected herd/flock's health.

5 **Animal Information Section** – Complete this section, using the guidelines below:
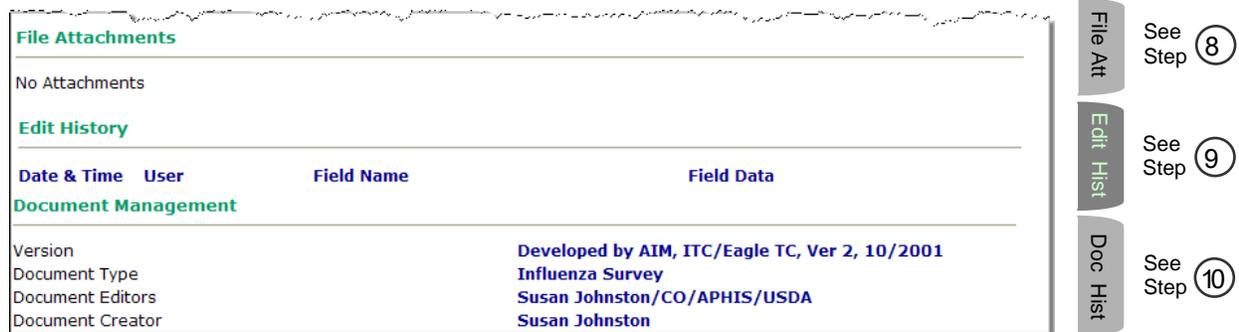
* Required field

Survey Influenza Form		
Animal Information Section		
Data Field	**Description**	
Primary Species Affected ∗	Details about the species to which most of the affected animals belong.	
	Species	Species of the animals/herd being investigated. Use this data field's LOV to make a selection. (You must specify this **Species** value *before* you can select a **Breed** value.)
	Breed	Breed(s) of the animals/herd being investigated. Use this data field's LOV to make a selection. (To select more than one breed, hold down the CTRL key while selecting each breed.)
	# Sick ∗	Number of animals reported sick in the interview with the owner.
	Date of 1st Sickness	Date on which the first animal in the herd showed clinical signs of illness. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon ( ) to display and use a pop-up calendar.
	# Dead ∗	Number of animals in the herd being investigated reported to have died since the first clinical signs of illness appeared in the herd.
	Date of 1st Death	Date on which the first animal in the herd reportedly died after showing clinical signs of illness. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon ( ) to display and use a pop-up calendar.
	Number Unaffected	Number of animals in the herd that show no clinical signs of illness, according to the owner.
	Total	Sum of (**# Sick**) + (**# Dead**) + (**Number Unaffected**).

Survey Influenza Form	
Animal Information Section	**continued**
Data Field	**Description**
Second Affected Species	Details about the species to which the second-largest group of affected animals belong. See the **Primary Species Affected** instructions shown above.
Other Susceptible/ Affected Species	Details about another species to which some of the affected animals belong. See the **Primary Species Affected** instructions shown above. *Note*: This sub-section does not require you to enter a **Breed** value.
Total Number in Herd	Total count of animals (affected and unaffected) in the herd/flock.

	# Sick	Sum of (**# Sick** *for* **Primary Species Affected**) + (**# Sick** *for* **Second Affected Species**) + (**# Sick** *for* **Other Susceptible/Affected Species**).
	# Dead	Sum of (**# Dead** *for* **Primary Species Affected**) + (**# Dead** *for* **Second Affected Species**) + (**# Dead** *for* **Other Susceptible/Affected Species**).
	Number Unaffected	Sum of (**Number Unaffected** *for* **Primary Species Affected**) + (**Number Unaffected** *for* **Second Affected Species**) + (**Number Unaffected** *for* **Other Susceptible/Affected Species**).
	Total	Sum of (**Total** *for* **Primary Species Affected**) + (**Total** *for* **Second Affected Species**) + (**Total** *for* **Other Susceptible/Affected Species**).

Data Field	**Description**
Other Information	For each question, check the radio button next to the answer given by the interviewee.
Consent to Testing	For each question, check the radio button next to the answer given by the interviewee.
Comments	Optional information written by the investigator who is conducting the survey.

6 After you have entered all of your data into this form, click on ⬧ **Save** .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **File Attachments, Edit History**, and **Document Management**.   (See the screenshot below.)

7 If you want to attach files to this Survey Influenza Form, click on ✎ **Edit** to re-open this form in edit mode.

8 **File Attachments Section** – Use to associate other documents with the Survey Influenza Form.
Examples of such attachments can be: diagrams of the premises being investigated, pen/pasture sketches that show herd separation, photographs of affected animals, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on ⬚ Browse... ⬚ .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

> *Note*: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

9   **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

10   **Document Management Section** (view-only) – Displays information about the persons who created/edited this form.

11   After you have entered all of your data into this form, click on   🗇 **SAVE**   again.

Survey Influenza Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode.

  CREATE LAB SUB   Click, to open a new Lab Submission 10-4 Form.

  NEW INFLUENZA SURVEY   Click, to open a new Survey Influenza Form.

  CHANGE INVES   Click, to associate this form with a different Investigation Summary Form.

  REQUEST DEL   Click, to submit a request to delete this form and all descendent documents created from it.

  DEL DOC   Click, to permanently delete this form and all descendent documents created from it.

  MAPQUEST   Click, to see a pop-up window containing several Internet-based tools for generating a map of the premises or animal location that is documented in this Survey Influenza Form. The tool choices are: MapQuest, Google Maps, and Yahoo Maps.

                           Click on the tool and location type you want. A secondary window appears with either the requested map or a hyperlink.

  MAIL   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Survey Influenza Form and is ready for you to email.

- Use the **WelcomePage** -> **Investigation Summary** -> **Influenza Survey** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Influenza Survey Info**   **Distribution & Changes**   **All Sections**   Navigation Bar to navigate within the Influenza Survey Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Influenza Survey**.

  b. In the View data field, select a format for this report.

  c. Click on the 🗘 symbol to generate this report.

Section 22: Test Result Form

Form's purpose:	Records the test data for one animal sample, such as the processing laboratory's name, the animal sample's accession number, the disease that was tested for, and the test type/results/interpretation.
Pre-requisite(s):	Create this form *only after* you have already started the Sample Detail Form.
To access this form:	On the Lab Submission Form in the **Sample View Section**, click on NEW TEST next to the animal sample that you want to enter test results for. This opens a new Test Result Form.

Data-Entry Procedure

1 You should have a blank Test Result Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

File Attachments

File Upload	[_____]	Browse...
File Upload	[_____]	Browse...
File Upload	[_____]	Browse...

File Attach — See Step ⑤

Document History

Document Type	**Test Result Form**
Document Editors	**EMRS Agent Signer/APHIS/USDA, Susan Johnston/CO/APHIS/USDA**
Document Creator	**Susan Johnston**
Document Creation Date	06/23/2008

Doc Hist — See Step ⑥

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Test Result Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y** *For a routine FAD investigation*, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example*: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Case Classification	Current Disease Status of the premises.
Form Status	Current status of this Test Result Form.
Prem ID	Unique identification number assigned to the premises being investigated.
Prem Name	Business name of the premises where the animals being investigated are located.
Prem Owner	Owner(s) of the premises where the animals being investigated are located.
Prem Address	Primary street address of the premises where the animals being investigated are located.
Prem County	County in which the premises is located.
Operation Type	Primary operation that is actively performed on the premises.
Prem Org Assoc	Name of a local/regional/national business, cooperative, or organization that the premises being investigated is affiliated with.

③ **Sample Info Section** – Is partially auto-filled with data from the Lab Submission and Sample Detail Forms created for this animal sample.

* Required field

Test Result Form	
Sample Info Section	
Data Field	**Description**
Collection Date	Date on which the samples were collected from the animal or animal group. Auto-filled from the Lab Submission Form.
Field Tracking #	Number used for any chain-of-custody logs in the field. Auto-filled from the Lab Submission Form.

Test Result Form	
Sample Info Section	**continued**
Data Field	**Description**
Species	Species of the sampled animal or animal group. Auto-filled from the Lab Submission Form.
Sample Type	Type of sample that was collected from the animal or animal group. Auto-filled from the Sample Detail Form.
Sample ID	Unique identification number assigned to a single animal sample. Auto-filled from the Sample Detail Form.
Animal ID	Unique identification value for a single animal or animal group that was sampled. Auto-filled from the Sample Detail Form.
Breed	Breed of the sampled animal or animal group. Auto-filled from the Sample Detail Form.
Age	Numerical value that represents either the age of the individual animal that was sampled or the average age of the animal group. Auto-filled from the Sample Detail Form.
Sex	Gender (**Male** or **Female**) of the individual animal or animal group that was sampled. Auto-filled from the Sample Detail Form.
Lab Tested at ∗	Processing laboratory that is performing the tests on the animal samples. Auto-filled from the Sample Detail Form. You can change this value, if needed.

4 **Test Info Section** – Complete this section according to the guidelines below:

* Required field

Test Result Form	
Test Info Section	
Data Field	**Description**
Lab Accession # ∗	Unique number assigned by the processing laboratory to a submitted animal sample.
Result Date	Date on which the processing laboratory finished testing the animal samples. There are three ways to enter this date: • Click on the Today icon (🔟) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Disease Tested For	Disease that the animal samples were tested for. If you select **Other (Enter in Comments field below)**, also enter additional details in the **Comments** data field in this section.
Test Type	Name of the test that the processing laboratory performed on the animal samples.
Test Results ∗	Results of the test performed on the animal samples.
Test Interp ∗	Interpretation of the test results. If you select **<Add New Value>**, a pop-up box appears in which you need to enter your new value. This value then appears in the **Test Interp** LOV for you to select.
Comments	Additional information about the tests, test results, and test interpretations that were submitted by the processing laboratory.

⑤ File Attachments Section – Use to associate other documents with the Test Result Form.

Examples of such attachments can be: electronic copies of laboratory test reports, photographs of the laboratory's testing equipment, etc.

Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:

a. Next to a blank File Upload data field, click on [Browse...] .

b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.

c. When you find the file you want to attach, double-click on its name.

d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.

   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑥ Document History Section (view-only) – Displays information about the persons who created/edited this form.

⑦ After entering all of your data in this form, click on ◇ SAVE .

The form refreshes, displays the data you just entered, and adds a new **Edit History Section**.

⑧ Edit History Section (view-only) – Displays information about recent changes that have been made to this form.

Test Result Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE**.
NEW TEST	Click, to open a new Test Result Form. This form displays the basic data that was copied from the originating Test Result Form.
COPY TEST	Use to copy the data from the previous Test Result Form into a new Test Result Form. This feature is useful in situations where the same animal sample is having two or more different tests performed on it. You copy the same basic data onto each new Test Result Form, then add the new test data to it.

COPY TEST2SAMPLE	Click, to open a Current Submission window.

-- The top section identifies the current animal sample by its **PremID**, **Accession #**, **Submission Date**, and **Species Tested** values.

-- The middle section displays the test data for this current animal sample.

-- The bottom section lists any other existing Sample Detail Forms that are part of the same Lab Submission Form that the current animal sample is part of. If these Sample Detail Forms already have test data already in them, the **Copy Test2Sample** feature will not overwrite that data. **Copy Test2Sample** will simply add the current animal sample's data as a new test record to these forms.

To copy the current animal sample's test data exactly (no changes allowed), do the following:

1. Check the box next to each Sample ID that you want to copy the test data into.
2. Click on **Copy Test to Other Sample forms**.
3. You return to the Lab Submission Form. Scroll down to the **Sample View Section** to see the new test data that was copied into the Sample Detail Forms you specified.

MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Test Result Form and is ready for you to email.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ✖ to close this Help Document.

- Use the **WelcomePage** -> **Investigation Summary** -> **Lab Submission Form** -> **Sample Detail Form** -> **Test Result Form** breadcrumb trail to navigate to/open a different form already created for this case.

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Lab**.
  b. In the View data field, select a format for this report.
  c. Click on the ◓ symbol to generate this report.

Lab	Category

Lab Results-All Inves	View
Lab Results-All Inves	
Lab Results-Open Inves Only	
Lab Submissions by Premises-All Inves	
Lab Submissions by Premises-Open Inves Only	

Section 23: Trace Form

...The data-entry procedures for this form are currently being written and will be made available in Fall 2008...

Section 24: Trace List Assignment Form

…The data-entry procedures for this form are currently being written and will be made available in Fall 2008…

Section 25: Vaccination Record Form

Form's purpose:	-- Documents vaccine usage in the face of a disease outbreak. This form collects information on where, how much, and what kind of vaccination was used.
	-- Documents what species of animal the vaccine was given to (similar to how the VS Form 4-26 documents this information).
	-- You can create multiple Vaccination Record Forms for an investigation.
Pre-requisite(s):	Create this form *only after* you have already created the Investigation Summary Form.
To access this form:	1. On the Investigation Summary Form, click on <img_ref id="1" /> FOLLOW-UP FORMS .
	2. A pop-up box appears that lists the available Follow-Up Forms.
	3. Click on the **Vaccination Record** link.
	4. You may see a screen that lists any existing forms already associated with the premises in this case.
	~ To edit an existing form, select its **Click here to edit this form** link.
	~ To open a blank form, select **Click here to create a new VR**. .

Data-Entry Procedure

1 You should have a blank Vaccination Record Form displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

VACCINATION RECORD

Referral Control Number	080528103004A	Animal Owner	
Local ID Number		Animal Owner	**Harris, Jim**
Prem ID	**OH111**	Location Prem Owner	
Form Status	**PENDING**	Location Prem Owner	**Harris, Jim**
Case Classification	Undetermined	Incident Site	**Ohio**

Assignment Info

Assigned To * (Enter as Last Name, First Name)   Employee ID

Assignment Date *   **Completion Date ***

Today Calendar

Vaccination Information

Species *

Vaccination Used   Expiration Date

Today Calendar

Serial Number of Vaccination   Dosage

Vaccination Type   Total Animals

Remarks

Prem Info — See Step ②

Assign Info — See Step ③

Vaccination Info — See Step ④

Vaccination Details

Individual (I) or Range (R)	ID NR	Age	Breed (Select Species First)	Sex	P/B Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade
○ I ○ R			▼	☐ M ☐ F	☐ Purebreed ☐ Grade

See Step 5 — Vaccination Details

CERTIFICATION FOR PAYMENT

Federal Employee ▼

I CERTIFY THAT: (1) I have vaccinated and properly identified all animal(s) listed hereon as prescribed by current regulations, and recorded all information.

Signature: _____   Date of Vaccination: _____ Today Calendar   Agreement Code: _____

See Step 6 — Payment

CERTIFICATION OF OWNER OR WITNESS

I CERTIFY THAT the animal(s) listed hereon were vaccinated and identified for the above named owner.

Signature: _____   Date: _____   Today Calendar

See Step 7 — Own / Wit

CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS

I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature: _____   Date: _____   Today Calendar

See Step 8 — Vacc Status

② **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Vaccination Record Form	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database,* this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer. *Example:* **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year *Example:* **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID Number	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Prem ID	Unique identification number assigned to the premises being investigated.
Form Status	Current status of this Vaccination Record Form.

Vaccination Record Form	
Prem Info Section	**continued**
Data Field	**Description**
Case Classification	Current Disease Status of the premises.
Animal Owner	Name of the premises where the owner of the animals being investigated resides.
Animal Owner	Last and first name of the owner of the animals being investigated.
Location Prem Owner	Name of the premises where the animals being investigated are located.
Location Prem Owner	Last and first name of the owner of the premises where the animals being investigated are located.
Incident Site	Name of the incident that is using this Vaccination Record Form.

3 **Assignment Info Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Assignment Info Section	
Data Field	**Description**
Assigned To ∗	Last and first name of the individual who is being assigned to administer vaccinations to the animals being investigated. 1. Start typing the name in the data field next to the **Assigned To** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Assignment Date ∗	Date on which this individual was assigned the task of vaccinating the animals. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon (📅) to display and use a pop-up calendar.
Completion Date ∗	Date on which the individual finished administering the vaccinations to the animals. There are three ways to enter this date: • Click on the Today icon (📆) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

4 **Vaccination Information Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Vaccination Information Section	
Data Field	**Description**
Species ∗	Species of the animals that are being vaccinated.
Vaccinations Used	Product/brand name of the vaccine being administered to the animals.
Expiration Date	Date on which the vaccine being used is no longer active/effective. This date is usually imprinted on the vaccine container. There are three ways to enter this date: • Click on the Today icon (📆) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Vaccination Record Form	
Vaccination Information Section	**continued**
Data Field	**Description**
Serial Number of Vaccination	Serial number imprinted on the vaccine container that uniquely identifies this container.
Dosage	Quantity of vaccine administered to each animal.
Vaccination Type	Method/type of vaccine.
Total Animals	Total number of animals that were vaccinated during the visit to the premises.
Remarks	Optional comments by the individual who administered the vaccine to the animals.

5 **Vaccination Details Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Vaccination Details Section	
Data Field	**Description**
Individual (I) or Range (R)	- Select **I** if only a single animal is being vaccinated. - Select **R** if a range (group of animals) is being vaccinated.
ID NR	Unique identification number for the individual animal or range (animal group). *Example*: **72AWP1001-1257**

Age	- For an individual animal, its age in years.
	   Example: **5**
	- For a range (group of animals), the average age or age span (youngest and oldest) in years.
	   Example: **2-5 yr**

Breed	Breed of the animals being vaccinated. *Note*: Before you select this **Breed** value, you must have already selected a **Species** value (in the Vaccination Information Section on the form).
Sex	Gender(s) of the animal(s) being vaccinated. For a range (group of animals), both **M** and **F** can be checked, if appropriate.
P/B Grade	Genetic background/classification of the animals being vaccinated. | **Purebreed**	Animals are registered.
Grade	Animals are non-registered. | For a range (group of animals), both **Purebreed** and **Grade** can be checked, if appropriate.

6 **Certification for Payment Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Certification for Payment Section	
Data Field	**Description**
	Role of the individual who vaccinated the animals. OR Payment method for reimbursing the cost of vaccinating the animals. | **Federal Employee**	Federal (can be Fulltime or Temporary).
Fee Basis (Federal)	Private Veterinarian with a Signed-Fee-Basis Agreement.
State/County	State or County employed.
Private (Owner's Expense)	Owner pays the veterinarian.	

Vaccination Record Form	
Certification for Payment Section	**continued**
Data Field	**Description**
Signature	After the Vaccination Record Form has been completed in its entirety, it should be printed out and signed by all of the following persons: - individual who vaccinated the animals. - individual/animal owner who witnessed the vaccination activity. - individual who retagged the vaccinated animals.
Date of Vaccination	Date on which the animals were vaccinated. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Agreement Code	Fee-Basis Agreement code.

7 **Certification of Owner or Witness Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Certification of Owner or Witness Section	
Data Field	**Description**
Signature	After the Vaccination Record Form has been completed in its entirety, it should be printed out and signed by all of the following persons: - individual who vaccinated the animals. - individual/animal owner who witnessed the vaccination activity. - individual who retagged the vaccinated animals.
Date	Date on which the printed Vaccination Record Form is signed by the individual/animal owner who witnessed the vaccination activity. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

8 **Certification for Re-Establishing Vaccination Status Section** – Complete this section, using the guidelines below:

* Required field

Vaccination Record Form	
Certification for Re-Establishing Vaccination Status Section	
Data Field	**Description**
Signature	After the Vaccination Record Form has been completed in its entirety, it should be printed out and signed by all of the following persons: - individual who vaccinated the animals. - individual/animal owner who witnessed the vaccination activity. - individual who retagged the vaccinated animals.
Date	Date on which the printed Vaccination Record Form is signed by the individual who retagged the animals and certified them as having been vaccinated. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (🕐) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

9 After you have entered all of your data into this form, click on ◇ SAVE .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **File Attachments, Edit History,** and **Document History**. (See the screenshot below.)

File Attachments				File Att	See Step **11**
No Attachments					
Edit History				Edit Hist	See Step **12**
Time & Date	**User**	**Field Name**	**Field Data**		
06-20-08 08:29	Susan Johnston/CO/APHIS/USDA	Assign_To	-->Michalke Dr., Mark (Vmo -)		
Document History				Doc Hist	See Step **13**
Vaccination Record		**Developed by AIM, ITC/Eagle TC, Ver 2, 10/2001**			
Document Editors					
Document Creator		**Susan Johnston**			

10 If you want to attach files to this Vaccination Record Form, click on ✎ EDIT to re-open this form in edit mode.

11 **File Attachments Section** – Use to associate other documents with the Vaccination Record Form.
Examples of such attachments can be: invoice for the vaccine purchase, photographs/scans of the vaccine container serial number(s), certificates of proof of vaccination, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on Browse... .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
  Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

12 **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

13 **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

14 After you have entered all of your data into this form, click on ◇ SAVE again.

Vaccination Record Form – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

  EDIT   Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE**.

  NEW VAC RECORD Click, to open a new Vaccination Record Form.

  MAIL IT   Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Vaccination Record Form and is ready for you to email.

  CHANGE INVES Click, to associate this form with a different Investigation Summary Form.

  REQUEST DELETION Click, to submit a request to delete this form and all descendent documents created from it.

  DELETE DOC   Click, to permanently delete this form and all descendent documents created from it.

  HELP   Click, to display a Help Document about this form. Click on ✕ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Vaccination Record** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Assignment & Vaccination Info** **Distribution & Changes** **All Sections** Navigation Bar to navigate within the Vaccination Record Form.

  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Vaccination**.

  b. In the View data field, select a format for this report.

  c. Click on the ↻ symbol to generate this report.

Vaccination ▾	Category
Vaccination by Status ▾	View ↻ ?
Vaccination by Status	

Section 26: Vector Control Worksheet

Form's purpose:	-- Documents which and how vectors were controlled on a premises. The vector types s that can be documented include birds, insects, wildlife, rodents, and other types. -- You can create more than one Vector Control Worksheet for a premises.
Pre-requisite(s):	None.
To access this form:	1. On the Investigation Summary Form, click on ![FOLLOW-UP FORMS]. 2. A pop-up box appears that lists the available Follow-Up Forms. 3. Click on the **Vector Control Worksheet** link. 4. You may see a screen that lists any existing forms already associated with the premises in this case. ~ To edit an existing form, select its **Click here to edit this form** link. ~ To open a blank form, select **Click here to create a new VC**.

Data-Entry Procedure

1 You should have a blank Vector Control Worksheet displayed onscreen (see below and the next page).

Each tab identifies one section on the form.

Each circled number identifies the step in this procedure to do for this section.

Assess Vector Control Needs

Arthropod ❓
```
<Add New Value>
Biting Midges
Black Flies
```
Recommended Control ❓
```
<Add New Value>
Bait
Thermal Fog
```
Date Completed [_____] 📅 🕐
Today   Calendar

Other Insects ❓
```
<Add New Value>
Other
None
```
Recommended Control ❓
```
<Add New Value>
Thermal Fog
ULV Fog
```
Date Completed [_____] 📅 🕐
Today   Calendar

See Step ④

Rodents ❓
```
<Add New Value>
Armadillos
Mice
```
Recommended Control: ❓
```
<Add New Value>
Bait
Traps
```
Type Bait Used [_____]
Date Completed [_____] 📅 🕐
Today   Calendar

Birds ❓
```
<Add New Value>
Pigeon
Sparrow
```
Recommended Control ❓
```
<Add New Value>
Bait
Trap
```
Type Bait Used [_____]
Date Completed [_____] 📅 🕐
Today   Calendar

Wildlife Services Assistance?   ⦿ No ○ Yes

Evidence of Wildlife:

Wildlife ❓	NR of Animals Trapped	NR Traps Set	Latitude	Longitude	Were Animals Euthanized?	Date Euthanized	
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar
[▼]	[____]	[____]	[____]	[____]	○ No / ○ Yes	[____]	📅 🕐 Today Calendar

See Step ⑤

Trapping

Trapping Results: [_____]

Date Traps Removed: [_____] 📅 🕐
Today   Calendar

Date Carcass Buried: [_____] 📅 🕐
Today   Calendar

See Step ⑥

Have all pets been confined?   ○ No ○ Yes

Have all pets been checked for ticks, fleas, etc.?   ○ No ○ Yes

Have all pets been Treated?   ○ No ○ Yes

Safety

Have all pesticides been sprayed in accordance with protocol in 7.9.2?

Animals: ○ No ○ Yes

Water Ways: ○ No ○ Yes

Protective Gear: ○ No ○ Yes

Wells: ○ No ○ Yes

Disposal: ○ No ○ Yes

See Step ⑦

C&D

Have all equipment, personnel, traps, etc. been C&D properly prior to exiting premises?   ○ No ○ Yes

List pesticide label name, active ingredient and dose delivered e.g., oz per acre or ml per Kg: [_____]

Initials:

See Step ⑧

2 **Prem Info Section** (view-only) – Is auto-filled with data from the Investigation Summary Form that was created for this premises' case.

* Required field

Vector Control Worksheet	
Prem Info Section	
Data Field	**Description**
Referral Control Number	*For either a tracing or outbreak database*, this is a unique number that identifies the Investigation as well as all of all its associated follow-up forms. This RCN is generated automatically by the computer.
	Example: **070718115004Y**
	For a routine FAD investigation, this is a unique number that identifies the investigation. Create and enter this number manually, using the following format: - the first two digits represent the year in which the investigation occurs - the next two characters represent the State in which the primary premises being investigated is located - the last four digits indicate the number of the investigation during the current year
	Example: **08NM0012** (represents the twelfth investigation conducted during fiscal year 2008 on a premises in New Mexico)
Local ID Number	Unique identification number assigned to an investigation by an alternate local premises-numbering system instead of by the NAIS Premises Allocator methods.
Prem ID	Unique identification number assigned to the premises being investigated.
Form Status	Current status of this Vector Control Worksheet.
Case Classification	Current Disease Status of the premises.
Animal Owner	Name of the premises where the owner of the animals being investigated resides.
Animal Owner	Last and first name of the owner of the animals being investigated.
Location Prem Owner	Name of the premises where the animals being investigated are located.
Location Prem Owner	Last and first name of the owner of the premises where the animals being investigated are located.
Incident Site	Name of the incident that is using this Vector Control Worksheet.

3 **Assignment Info Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
Assignment Info Section	
Data Field	**Description**
Assigned To ∗	Last and first name of the individual who is being assigned to apply the pesticide on the premises that is being investigated. 1. Start typing the name in the data field next to the **Assigned To** label. 2. When the EMRS recognizes enough letters, it will display possible name matches in the data field underneath. 3. Use this second data field's LOV to select the name of the appropriate individual.
Employee ID	An EMRS identification code associated with this individual. Auto-filled with the appropriate code #.
Assignment Date ∗	Date on which the individual was assigned to apply the pesticide on the premises that is being investigated. There are two ways to enter this date: • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate). • Click on the Calendar icon (🗓) to display and use a pop-up calendar.
Vector Control Start Date ∗	Date on which the individual started applying the pesticide on the premises being investigated. There are three ways to enter this date: • Click on the Today icon (🗓) to enter the current date. • Click on the Calendar icon (🗓) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

Vector Control Worksheet	
Assignment Info Section	**continued**
Data Field	**Description**
Date of Final Treatment ✶	Date on which the individual finished applying the pesticide on the premises being investigated. There are three ways to enter this date: • Click on the Today icon (📅) to enter the current date. • Click on the Calendar icon (📅) to display and use a pop-up calendar. • Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

4   **Assess Vector Control Needs Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
Assess Vector Control Needs Section	
Data Field	**Description**

Arthropod	Vector's species, recommended method of controlling this vector, and date on which the control was implemented at the premises.
	1. **Arthropod** = Use the LOV to select the arthropod species that is infesting the premises.
	(To select more than one species, hold down the CTRL keyboard key while highlighting each choice.)
	(To add a species that does not appear in the LOV, do the following:
	    a. In the LOV, select **<Add New Value>**.
	    b. A browser pop-up box appears. Enter the name of the new species. Click **OK**.
	    c. The pop-up box closes.
	    d. Select this new entry in the LOV.)
	2. **Recommended Control** = Use the LOV to select the proposed control method.
	(To select more than one method, hold down the CTRL keyboard key while highlighting each choice.)
	(To add a method that does not appear in the LOV, do the following:
	    a. In the LOV, select **<Add New Value>**.
	    b. A browser pop-up box appears. Enter the name of the new species. Click **OK**.
	    c. The pop-up box closes.
	    d. Select this new entry in the LOV.)
	3. **Date Completed** = Date on which the control method was implemented at the premises.

Other Insects	Same as the **Arthropod** instructions directly above.

Rodents	Vector's species, recommended method of controlling this vector, and date on which the control was implemented at the premises.
	1. **Rodents** = Use the LOV to select the rodent species that is infesting the premises.
	(To select more than one species, hold down the CTRL keyboard key while highlighting each choice.)
	(To add a species that does not appear in the LOV, do the following:
	    a. In the LOV, select **<Add New Value>**.
	    b. A browser pop-up box appears. Enter the name of the new species. Click **OK**.
	    c. The pop-up box closes.
	    d. Select this new entry in the LOV.)
	2. **Recommended Control** = Use the LOV to select the proposed control method.
	(To select more than one method, hold down the CTRL keyboard key while highlighting each choice.)
	(To add a method that does not appear in the LOV, do the following:
	    a. In the LOV, select **<Add New Value>**.
	    b. A browser pop-up box appears. Enter the name of the new species. Click **OK**.
	    c. The pop-up box closes.
	    d. Select this new entry in the LOV.)
	3. **Type Bait Used** = Enter a short description of the bait used to trap/eradicate this vector species.
	4. **Date Completed** = Date on which the control method was implemented at the premises.

Birds	Same as the **Rodents** instructions directly above.
Wildlife Services Assistance?	**Yes** = Representatives from the local/regional Wildlife Services agency assisted in this vector control activity. **No** = Representatives from the local/regional Wildlife Services agency did not assist in this vector control activity.

⑤ **Evidence of Wildlife Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
Evidence of Wildlife Section	
Data Field	**Description**
Wildlife	Vector's species.
	(To add a species that does not appear in the LOV, do the following:
	a. In the LOV, select **<Add New Value>**.
	b. A browser pop-up box appears. Enter the name of the new species. Click **OK**.
	c. The pop-up box closes.
	d. Select this new entry in the LOV.)
NR of Animals Trapped	Total number of animals caught in the traps that were set up on the premises.
NR Traps Set	Total number of traps that were set up on the premises for a specific vector.
Latitude	Positive number that represents the North-South coordinates for the location where the traps were placed on the premises.
	Enter as decimal degrees, using this format: *nn.nnnnnn*
	Example: **48.552000**
Longitude	Negative number that represents the East-West coordinates for the location where the traps were placed on the premises.
	Enter as decimal degrees, using this format (include a minus sign): *-nnn.nnnnnn*
	Example: **–104.552000**
Were Animals Euthanized?	**No** = Not all trapped animals were euthanized.
	Yes = All trapped animals were euthanized.
Date Euthanized	Date on which the trapped animals were euthanized.
	There are three ways to enter this date:
	• Click on the Today icon (🔟) to enter the current date.
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).

⑥ **Trapping Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
Trapping Section	
Data Field	**Description**
Trapping Results	Summary or description about the trapping activities performed on the premises.
Date Traps Removed	Date on which the vector traps were removed from the premises.
	There are three ways to enter this date:
	• Click on the Today icon (🔟) to enter the current date.
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Date Carcass Buried	Date on which the carcasses of any euthanized vector animals were buried/disposed of.
	There are three ways to enter this date:
	• Click on the Today icon (🔟) to enter the current date.
	• Click on the Calendar icon (📅) to display and use a pop-up calendar.
	• Manually type the date using this format: MM/DD/YYYY (use slashes, not dashes, to separate).
Have all pets been confined?	**Yes** = All pets were confined while pesticide application was being done.
	No = Not all pets were confined while pesticide application was being done.

Vector Control Worksheet	
Trapping Section	**continued**
Data Field	**Description**
Have all pets been checked for ticks…?	**Yes** = All pets were checked for vector infestation on their bodies. **No** = Not all pets were checked for vector infestation on their bodies.
Have all pets been treated?	**Yes** = All pets were treated for vector infestation. **No** = Not all pets were treated for vector infestation.

7 **Safety Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
Safety Section	
Data Field	**Description**
Have all pesticides been sprayed in accordance with protocol in 7.9.2 ?	**Yes** = All pesticides were sprayed according to 7.9.2 protocols. **No** = Not all pesticides were sprayed according to 7.9.2 protocols.
Water Ways	**Yes** = All water ways were protected during pesticide application, according to 7.9.2 protocols. **No** = Not all water ways were protected during pesticide application, according to 7.9.2 protocols.
Wells	**Yes** = All wells were protected during pesticide application, according to 7.9.2 protocols. **No** = Not all wells were protected during pesticide application, according to 7.9.2 protocols.
Animals	**Yes** = All animals were protected during pesticide application, according to 7.9.2 protocols. **No** = Not all animals were protected during pesticide application, according to 7.9.2 protocols.
Protective Gear	**Yes** = All personnel used protective gear, according to 7.9.2 protocols. **No** = Not all personnel used protective gear, according to 7.9.2 protocols.
Disposal	**Yes** = All disposal activities were performed according to 7.9.2 protocols. **No** = Not all disposal activities were performed according to 7.9.2 protocols.

8 **C & D Section** – Complete this section, using the guidelines below:

* Required field

Vector Control Worksheet	
C & D Section	
Data Field	**Description**
Have all equipment, personnel, traps, …?	**Yes** = All items were cleaned and disinfected properly prior to exiting the premises. **No** = Not all items were cleaned and disinfected properly prior to exiting the premises.
List pesticide label name, active…	Label name, active ingredient, and dosage of the pesticide that was used on the premises.
Initials	Initials of the individual(s) who performed the cleaning and disinfecting activities.

⑨ After you have entered all of your data into this form, click on [SAVE] .

The form refreshes, displays the data you just entered, and adds the following new sections to it: **File Attachments, Edit History,** and **Document History**. (See the screenshot below.)

⑩ If you want to attach files to this Vector Control Worksheet, click on [EDIT] to re-open this form in edit mode.

⑪ **File Attachments Section** – Use to associate other documents with the Vector Control Worksheet.
Examples of such attachments can be: invoice for the pesticide purchase, contracts for renting/leasing animal traps, summary description of the euthanasia/burial procedures, etc.
Tip: To attach pictures/photographs, first embed them within a Microsoft Word or PDF document.

To attach a file, do the following:
a. Next to a blank File Upload data field, click on [Browse...] .
b. A Choose File pop-up window appears. Use it to navigate to the appropriate online directory where the file is stored.
c. When you find the file you want to attach, double-click on its name.
d. The Choose File pop-up window closes. You now see this file's full pathname in the File Upload data field.
   Note: Whenever you attach files, you will first need to save the form in order to open/view these attachments.

⑫ **Edit History Section** (view-only) – Displays information about recent changes that have been made to this form.

⑬ **Document History Section** (view-only) – Displays information about the persons who created/edited this form.

⑭ After you have entered all of your data into this form, click on [SAVE] again.

Vector Control Worksheet – Next Steps

At this point, you can do any of the following tasks:

- Use any of the Grey Action Buttons:

EDIT	Click, to re-open this form in data-entry mode. After making your changes, click on **SAVE** .
NEW VC WKSHT	Click, to open a new Vector Control Worksheet.
CHANGE INVES	Click, to associate this form with a different Investigation Summary Form.
MAP	Click, to see a pop-up window containing several Internet-based tools for generating a map of the premises or animal location that is documented in this Survey Influenza Form. The tool choices are: MapQuest, Google Maps, and Yahoo Maps. Click on the tool and location type you want. A secondary window appears with either the requested map or a hyperlink.
MAIL IT	Click, to open a new memo within the Lotus Notes email application. The new memo is auto-filled with a URL for this Vector Control Worksheet and is ready for you to email.
REQUEST DELETION	Click, to submit a request to delete this form and all descendent documents created from it.
DELETE DOC	Click, to permanently delete this form and all descendent documents created from it.
HELP	Click, to display a Help Document about this form. Click on ❌ to close this Help Document.

- Use the **WelcomePage -> Investigation Summary -> Vector Control Worksheet** breadcrumb trail to navigate to/open a different form already created for this case.

- Use the **Vector Controls** **Distribution & Changes** **All Sections** Navigation Bar to navigate within the Vector Control Worksheet.
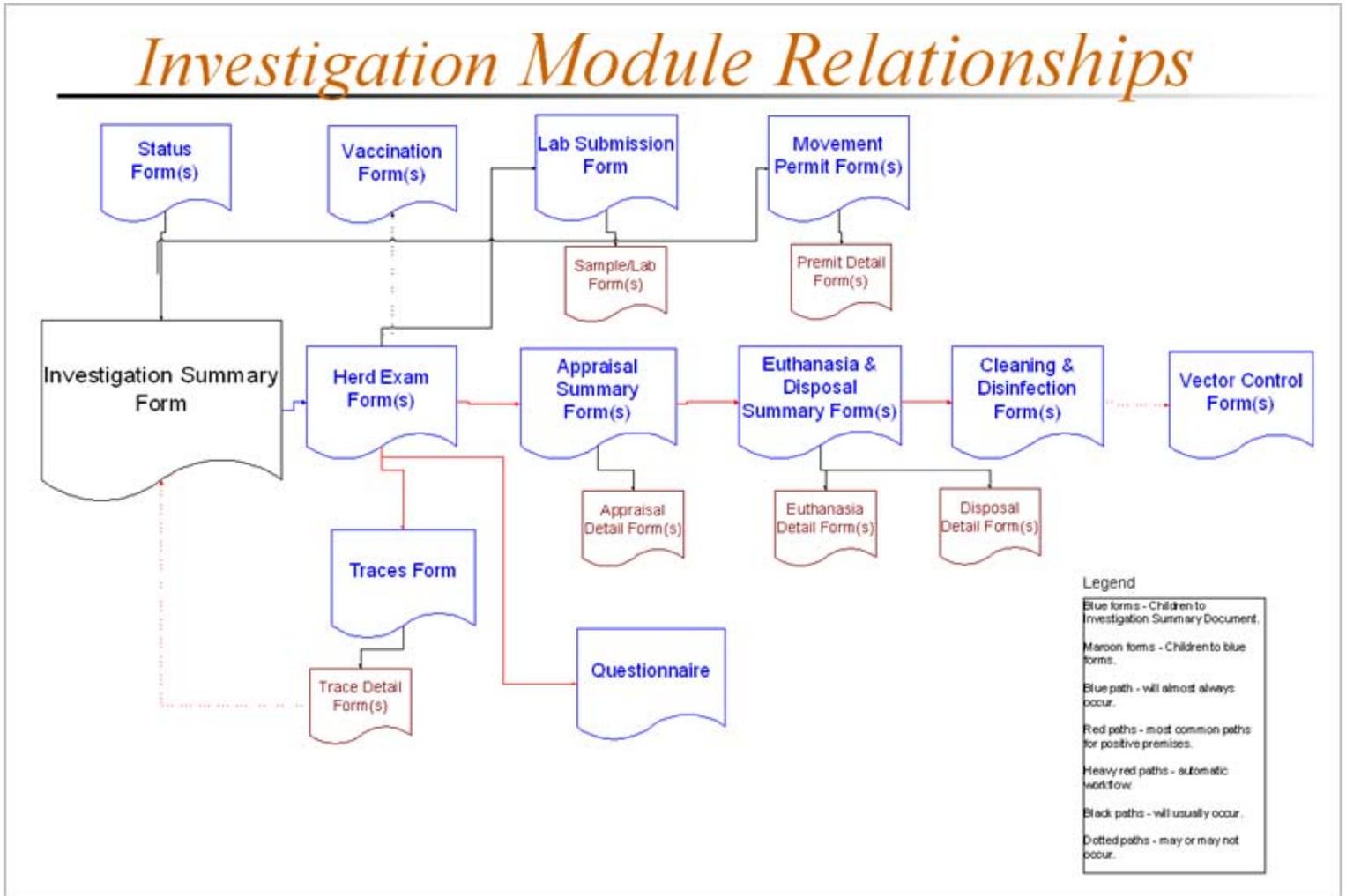
  Click once on a specific tab to go to that section, or click once on the **All Sections** tab to display the entire form onscreen. (You may need to scroll vertically or horizontally to see some parts of the form.)

- View the data on this form in alternate report formats by using the Category/View feature (see right).

  a. In the Category data field, select **Vector Control**.
  b. In the View data field, select a format for this report.
  c. Click on the 🔄 symbol to generate this report.

Appendix 3A: Relationship Diagram of Investigation Forms

Appendix 3B: Description of Investigation Forms

Form	Form Description
Appraisal Detail Form	-- Records the quantity of species/animal groups/materials that will be purchased by Federal/State agencies for subsequent destruction. -- Lists the indemnity values authorized by Federal/State agencies to be paid for each destroyed animal/unit, any salvage values received, and the difference between "payment to" and "losses to" the owner of the destroyed animals/units.
Appraisal Summary Form	-- Records information on who is responsible for getting animals or items appraised on a premises. -- Documents who (State and/or Federal officials) has approved the appraised values. -- Lists any mortgagor of the animals/items on the premises.
Attachment Form	Use to record names of other individuals who may have associations with the premises that is being investigated.
Backyard Questionnaire (also called the Non-Commercial END Epidemiology Form)	Documents information about an animal or premises owners, anima/other movement, biosecurity, environmental issues, and any other information that is deemed epidemiologically important. Many of these questions are disease- and outbreak-specific.
Cleaning and Disinfection Summary Form	Documents the cleaning and disinfection activities that are performed at a premises. These activities cover facilities, equipment, and any other objects.
Disposal Detail Form	-- Documents the disposal of animals or materials. It identifies where, how, and when each item was disposed. -- Provides an embedded view of any items that were appraised for this premises.
Euthanasia & Disposal Summary Form	-- Assigns and records the activities for euthanizing and disposing of animals and materials on a premises. -- Documents crew composition, equipment, and other supplies used on a premises for euthanasia and disposal purposes.
Euthanasia Detail Form	-- Documents the euthanasia activity by species. -- Provides an embedded view of any species on the premises that have been appraised.
Herd/Flock Exam Form	Gathers observations about animal clinical signs and lesions, animal history, who did the examination, and what diagnostic conclusions were made from these observations.
Hurricane Damage Assessment Form	Gathers any observations concerning assessments of animal loss and damage to facilities, feed, or crops after a hurricane or other natural disaster (including tornadoes and floods).
Investigation Summary Form	-- Serves as the master document in the Investigation Module for a case. It displays the owner and premises information, the statuses of the various forms being used in the investigation process, and the stages of the investigation process that these forms are at. -- Used by the Disease Reporting Officer (DRO) to coordinate the investigation of a premises.
Lab Submission 10-4 Form	Supplies the information needed by the laboratory that is receiving/testing the animal samples.
Permit Detail Form	Records the Individual identification information for animals being moved on this permit.
Permit for Movement 1-27 Form	Captures the information documented on the paper 1-27 Permit for Movement Form.
Premises Visit Assignment Form	Use to record premises data that is gathered during visits to a suspect premises.
Questionnaire	- Documents information about an animal or premises owners, animal and other movement types, biosecurity, environmental issues, and any other information deemed potentially epidemiologically important. - The questions on this form are designed to be disease-specific and/or outbreak-specific. Consequently, you can modify these questions as needed to serve your particular case or Incident Command investigation.

Form	Form Description
Sample Detail Form	Documents one animal sample that was submitted for testing. Identification details about this animal sample include **Sample ID**, **Sample Type**, **Sample Preservation**, **Examinations Requested**, **# of Containers/Tube/Bags**, and the **Breed** that the sample was collected from.
Status Form	Use to place a status on an investigation or premises for a defined time period.
Surveillance Form	Use to schedule and track the completion of surveillance rounds mainly at commercial poultry operations or premises that are under enhanced surveillance, by sampling birds that have died at these locations in the past twelve hours.
Survey Influenza Form	-- Gathers observations about animal clinical signs and lesions, animal history, and who conducted the visit. -- Provides a mechanism for asking eight **Yes/No** questions of an owner to determine the risk factors on his/her premises. These questions can be modified as needed for outbreaks.
Test Result Form	Records the test data for one animal sample, such as the processing laboratory's name, the animal sample's accession number, the disease that was tested for, and the test type/results/interpretation.
Trace Form	*…Information about this form is currently being written and will made available in Fall 2008…*
Trace List Assignment Form	*…Information about this form is currently being written and will made available in Fall 2008…*
Vaccination Record	-- Documents vaccine usage in the face of a disease outbreak. This form collects information on where, how much, and what kind of vaccination was used. -- Documents what species of animal the vaccine was given to (similar to how the VS Form 4-26 documents this information).
Vector Control Worksheet	Documents which and how vectors were controlled on a premises. The vector types s that can be documented include birds, insects, wildlife, rodents, and other types.