ASSESSMENT OF FACILITIES FOR SWINE PRODUCTION FOR GENETIC IMPROVEMENT

1. GENERAL INFORMATION

1.1. Date of Report:__________________________
1.2. Country of Origin ________________________
1.3. Name of farm____________________________
1.4. Dept./Province____________________________
1.5. Municipality______________________________
1.6. Quadrant_______________________________
1.7. Proprietor________________________________
1.8. Address________________________________
1.9. Telephone______________________________
1.10. Technical Assistant. Yes__ No___
1.11. Exports to other country(s). Yes___ No____
1.12. Is there an animal identification System in place?
Yes __ No___ Describe it: _______________________________________________
____________________________________________________________________
1.13. Altitude above sea level: (meters) ______________________________________
1.14. Rainfall Patterns:_____________________________________________________

2. CURRENT CENSUS
### POPULATION OBSERVATIONS

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>POPULATION</th>
<th>AMOUNT TO EXPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sucklings</td>
<td>&lt; 2 months</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>2 – 6 months</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>2 – 6 months</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>&gt; 6 months</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>&gt; 6 months</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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</tr>
</tbody>
</table>

### SANITARY SITUATION

3. Vaccinated: Yes____ No____ (Attach records for last year)

Type of feed for animals: Balanced Feed Yes____ No____

Nutritional Waste Yes____ No____

Mineral Salts: Yes____ No____ Other: Yes____ No____

Which_______________________________________________________________

Records of treatments: Yes____ No____ (Attach records for last year)

Official Service audit records: Yes____ No____ How Often ____ (Attach records for last year)

Records of animals in associations Yes____ No_______ (Attach records)

Records of entry for replacement animals: Yes__ No___

List the rate of illness and mortality for diseases presented on the premises over the past year
(Attach records for last year)

Detail the origin of the nutritional waste. __________________________________________
__________________________________________________________________________

Describe the treatments conducted on the nutritional waste. __________________________
__________________________________________________________________________

Production System. Natural Mounting ______ Insemination __
Embryo Transfer ______

Types of disinfectants used ___________________________________________________

Treatment for ecto and endoparasites Yes___ No___
Type of product

4. FACILITIES AND EQUIPMENT AVAILABLE ATTACH PHOTOGRAPHS
TRUE AND COMPLETE OFFICIAL TRANSLATION TO ENGLISH OF A DOCUMENT WRITTEN IN SPANISH BY THE OFFICIAL TRANSLATOR FOR THE REPUBLIC OF COLOMBIA, NILSEN ARINGHARD.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>G</td>
<td>F</td>
<td>P</td>
</tr>
<tr>
<td>1 Stables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Swine sties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Stalls</td>
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<td></td>
<td></td>
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<tr>
<td>4 Peripheral Fencing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5 Feeders</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6 Warehouses</td>
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<td></td>
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<tr>
<td>7 Scale</td>
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<td></td>
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<tr>
<td>8 Corral or Quarantine Unit</td>
<td></td>
<td></td>
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<tr>
<td>9 Feed Warehouse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10 Isolation Unit</td>
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<td></td>
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<tr>
<td>11 Room for Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Room for fertilizers, herbicides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Type and material of structures</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

G: Good  F: Fair  P: Poor

5. BIOSECURITY CONDITIONS
Facilities with ease of drainage, cleaning, and disinfecting   Yes ___ No ___

Describe the handling of excreta __________________________________________
____________________________________________________________________

Procedures for the entry of vehicles _______________________________________
____________________________________________________________________

Procedures for the entry of animals _______________________________________
____________________________________________________________________

Disposal of dead animals:________________________________________________
____________________________________________________________________

Pest Control (rodents, insects)____________________________________________
____________________________________________________________________

Disposal of residual water:_______________________________________________
____________________________________________________________________

Filled out by:  
Name of Official Veterinarian_____________________________________________
Location: ____________________________________________________________
Signature_____________________________________________________________

NILSEN ARINGHARD        Official Translator