

REGISTRATION OF SMALL RUMINANT SEMEN COLLECTION CENTERS

 <p>ica INSTITUTO COLOMBIANO AGROPECUARIO SUBGERENCIA DE PROTECCIÓN Y REGULACIÓN PECUARIA</p>	COUNTRY _____																														
DATE : _____																															
BUSINESS NAME: _____																															
CITY: _____																															
LOCATION: _____																															
TELÉFONE: _____ E-mail: _____																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </table>	YES	NO																												
YES	NO																														
The center is officialy authorized? (Attach official authorization)																															
Is the center under official supervision ?																															
What is the frequency of official visits? (attach registry of the visits)																															
I. ANIMALS																															
Are you registered in breeders associations?																															
In which? (include registry of each animal)																															
Do they have sanitary certificate? (include certificates)																															
There are diagnostic tests of reproduction diseases done every 12 months for:																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YES</th> <th style="width: 60%;">TYPE OF TEST</th> <th style="width: 20%;">NO</th> </tr> </thead> <tbody> <tr> <td></td> <td>Sheep and goat Pox</td> <td></td> </tr> <tr> <td></td> <td>Brucelosis</td> <td></td> </tr> <tr> <td></td> <td>Trichomoníasis / Campylobacteriosis</td> <td></td> </tr> <tr> <td></td> <td>Caprine Arthritis Encefalitis</td> <td></td> </tr> <tr> <td></td> <td>Chlamydocis</td> <td></td> </tr> <tr> <td></td> <td>Blue tongue</td> <td></td> </tr> <tr> <td></td> <td>Tuberculosis</td> <td></td> </tr> <tr> <td></td> <td>Leptospirosis</td> <td></td> </tr> <tr> <td></td> <td>Others (specify) _____</td> <td></td> </tr> </tbody> </table>	YES	TYPE OF TEST	NO		Sheep and goat Pox			Brucelosis			Trichomoníasis / Campylobacteriosis			Caprine Arthritis Encefalitis			Chlamydocis			Blue tongue			Tuberculosis			Leptospirosis			Others (specify) _____	
YES	TYPE OF TEST	NO																													
	Sheep and goat Pox																														
	Brucelosis																														
	Trichomoníasis / Campylobacteriosis																														
	Caprine Arthritis Encefalitis																														
	Chlamydocis																														
	Blue tongue																														
	Tuberculosis																														
	Leptospirosis																														
	Others (specify) _____																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </table>	YES	NO																												
YES	NO																														
What laboratory performs the tests?:																															
<input type="checkbox"/> Own Laboratory?																															
<input type="checkbox"/> Official Laboratory ?																															
<input type="checkbox"/> Private Laboratory?																															
Specify: Name _____ Location _____ Professional responsible for the laboratory _____																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> </table>	YES	NO																												
YES	NO																														
Are there veterinary certificates of the normal health condition on the 60 days before and 30 days after the semen collection?																															
Describe the conditions for the selection of the donor animals: _____																															

Describe the conditions for the permanence of the donor animals : _____		
	YES	NO
Are there confinement corrals for the donors?		
Are there isolated fields for the donor animals?		
The donors are properly isolated from other animals by means of artificial or natural barriers?		
Is there a rigorous control of entry of visitors?		
Are there carrousel for exercising of the donor animals?		
The animals are housed in individual pens?		
The personnel that works with the donor animals can be in contact with other animals?		
Are there insect and rodent control programs (attach program)		
Are post mortem exams done on the donor animals?		
Is there an isolation área for sanitary control before entry to the center?		
How long are the donors in pre and post quarantine?		
II. FACILITIES (attach photos)		
Área for the semen collection	YES	NO
Is there a biosecurity program for the área? (attach documents)		
Are there animal holding locks?		
Is there direct access to the laboratory?		
	YES	NO
Is there access through a window to the laboratory?		
Is there a disinfection and sanitization program in the center (attach documents)		
Is there a documented program for equipment maintenance? (Attach programa)		
Laboratory Área (Attach photos)	YES	NO
Is there a program for physical, chemical and bacteria control of the water used in the center? (attach recent certificates)		
Carcass and trash disposal	YES	NO
Is there and appropriate location for carcass disposal? (Attach photos)		
Adjacent Areas (attach photos)	YES	NO
Social		
Sanitation		
Dressers		
Recreational		
Others: which? _____		

III. EQUIPMENT: (attach photos)			
List the existing equipment			
1.	11.		
2.	12.		
3.	13.		
4.	14.		
5.	15.		
6.	16.		
7.	17.		
8.	18.		
9.	19.		
10.	20.		
		YES	NO
Is there an equipment calibration program?			
Is there a history of each equipment? (attach documents)			
Are there procedures for management and maintenance of the equipment?			
IV. MATERIALS:		YES	NO
The chemical reagents are classified and stored according to international norms?			
The solutions prepared are properly identified?			
Are there documented procedures of reagent preparation? (attach documents)			
V. PERSONNEL:		YES	NO
Is there a training program? (Attach program)			
Are there written procedures with description of functions and personnel responsibilities?			
Are there training records?			
Hygiene		YES	NO
Are there norms for hygiene?			
Has the personnel received training about hygiene practices?			
Occupational Health		YES	NO
Is there an occupational health program?			
Is there a subprogram of preventive medicine?			
Are there written regulations of industrial safety?			
Are safety practices done?			
Are they registered?			
Gear		YES	NO
Are there uniforms for each work area?			
Security		YES	NO
Are there masks or protective eye ware to handle liquid nitrogen?			
Are there gloves to manage frozen materials?			
Are there fire extinguishers ?			
VI. DOCUMENTATION:		YES	NO

Is there a quality assurance manual?			
Is there a manual for analytical techniques?			
Are the quality verification tests registered? (Attach the last registries)			
Are there written procedures for each of the activities related to the processing of semen? Attach documents)			
Are there registries for the identification of each lot of semen including information printed in the Straw, name and registry number of the donor, breed, date of semen collection and processing, identification and code of the collection center.			
Are there genealogical records of the donor animals? (Attach registries)			
Are there registries of the reproductive history of the donor animals?			
Signature: _____			
Name: _____			
_____		_____	
LEGAL REPRESENTATIVE		TÉCHNICAL DIRECTOR	