**SHEEPMAP RESOURCES AND FORMS**

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**NOTE**: Alternate recording forms can be used in SheepMAP if similar information is captured in them. If you are already recording some of this information for other programs, e.g. Livestock Production Assurance, you may use the same record for SheepMAP.

The only records that must be kept in the specific format in this document are:

* the Agreement you make with the Approved Veterinarian to participate in SheepMAP
* your Flock Status Certificate
* copies of the Sheep Health Declaration
* notification of MAP Flock Details & Status/Expiry.

**AUSTRALIAN JOHNE’S DISEASE MARKET ASSURANCE PROGRAM FOR SHEEP**

## AGREEMENT BETWEEN FLOCK OWNER AND APPROVED VETERINARIAN

***This agreement must be renewed annually***

### PART A: Flock owner’s undertaking to Approved Veterinarian

|  |  |  |
| --- | --- | --- |
| I, | |  |
| of |  | |
| being the owner / owner's authorised representative for the purposes of this program\* of the sheep flock run on the property described below, hereby apply to enrol the flock in the Australian Johne's Disease Market Assurance Program for Sheep. | | |
| \* delete that which is not applicable. | | |
| Description of flock[[1]](#footnote-1) (Stud name, owner (if not listed above), breed etc.): | | |
|  | | |
| Property Name & Address: | | |
|  | | |
| Property Identification Code: | | |
|  | | |

I also specifically undertake to comply with all conditions of the program and the laws of the state or territory and that I shall:

1. Retain you as my Approved Veterinarian for this program until either of us revoke this agreement.
2. Advise you and the state authority if I no longer retain you as my Approved Veterinarian.
3. Provide you with the results of all previous examinations or tests for Johne's disease conducted on animals in the flock. I authorise the state authority to provide you with information about the Johne’s disease status of the flock and about previous testing undertaken in the flock.
4. Assist in the development of and then implement our agreed Flock Management Plan.
5. Present all sheep over two years old for testing or inspection as required.
6. Permanently identify and record the identity of all sheep selected for testing.
7. Submit any animals or groups of animals that test positive for follow-up investigations in a manner which will allow their true status to be determined and within an agreed period.
8. Only sell sheep direct to slaughter or with full disclosure to potential buyers while the status of any positive screening test is being resolved.
9. Advise you within seven days of my becoming aware of any cases or suspect cases of Johne's disease:

* in this flock, or
* in sheep originating from this flock that are now located elsewhere, or
* in another flock which contributed sheep to this flock.

1. Only introduce sheep into the flock from other flocks in compliance with element 2 of the SheepMAP.
2. Only return sheep attending shows and/or sales into the flock under pre-agreed conditions.
3. Maintain records of the movements of any sheep into and out of the flock, including the origin and destination of such sheep and provide them to you on request.
4. Maintain a record of all sheep in the flock and the examinations and testing for Johne's disease that are carried out in the flock.
5. Provide authorised people access to the property, flock and all relevant records for the purposes of auditing the program.
6. Agree to you reporting changes in flock status or suspicion of infection in the flock to the appropriate state authority.
7. Agree to the publication of the assessed status of my flock in the national database (i.e. MN1, MN2 or MN3).
8. Agree to surrender to you any Flock Status Certificate if the flock status changes.
9. In the event of my flock status becoming Infected or being suspected of being infected, I acknowledge that you and/or I have a legal responsibility to report this to the state authority and to provide information to the state authority to facilitate tracing and advice to owners of flocks at risk of being infected.
10. Advise you if the manager of the flock changes or prior to any change in the land on which the flock is run.
11. For MN-V flocks, maintain records of vaccination (dates and numbers of sheep and lambs vaccinated) and provide them to you on request

I understand that if I fail to comply with any part of this Agreement, the status of my flock may revert to Not Assessed or Suspect status.

**Additional declaration by the authorised representative of the owner:**

The owner(s) of this flock has/have authorised me in my capacity as to be their representative for the purposes of this program.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | |
|  | | | |  |  | | | |
| Signature of owner/owner’s representative | | | | | Signature of Approved Veterinarian | | | |
| Date: |  |  | | | Date: |  |  |

### PART B: Approved Veterinarian’s undertaking to flock owner

|  |  |  |
| --- | --- | --- |
| I, |  | |
| of | |  |
| a veterinarian approved under the Australian Johne's Disease Market Assurance Program for Sheep, hereby agree to comply with all conditions of the program and the laws of the state or territory and specifically undertake that I shall: | | |

1. Advise you on the program and on actions that you will need to undertake to comply with the program.
2. Develop with you a Flock Management Plan to reduce the risk of introduction of Johne's disease into the flock.
3. Collect and submit samples required to an approved laboratory.
4. Investigate suspected cases of Johne's disease in the flock or animals or groups of animals that test positive to PFC tests by collecting the prescribed specimens from such sheep for laboratory examination.
5. Provide you with a copy of the result of all tests and examinations undertaken for the purposes of this program in your flock.
6. Maintain detailed records of all examinations and testing which support and justify the flock status allocated from time to time.
7. Review your flock records and management relevant to the program every 12 months.
8. Assess the risk to the flock and advise whether to attend individual shows or sales.
9. Determine the status of your flock under the program and issue you with appropriate Flock Status Certificates
10. Advise ................................................................................................(state authority) of any change in flock status within seven days or suspicion of infection in the flock within the period prescribed by the animal disease laws of the State or Territory.
11. Advise ................................................................................................(state authority) of any sheep movements onto or off the property should infection be found in this flock.
12. Provide Auditors and the state authorities access to my records of your flock for the purpose of External Audit.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | |
| Signature of Approved Veterinarian | | | | Signature of owner / owner's representative | | | |
| Date: |  |  | | Date: |  |  |

## Flock and Property Risk Assessment

*(This guide should be supplemented by the veterinarian’s own notes.)*

|  |  |
| --- | --- |
| Owner/Manager: | |
| Flock/Property name: | |
|  | |
| Property Identification Code: | |
| Address: | |
|  | |
|  | Postcode: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Flock Status: | |  | | | *or, if already in SheepMAP,* MN | | | | | |  | |
|  | | | | | | | | | | | | |
| Current SheepMAP manual held: | | | |  | |  | Property map/plan completed: | | |  | |  |
|  | | | | | | | | | | | | |
| Number of blocks: |  | |  | | | | Yards adequate: |  |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FENCING** | | | | |
| Boundary: | Adequate | Good | Excellent | Needs Repair |
| Internal: | Adequate | Good | Excellent | Needs Repair |

|  |
| --- |
| Boundary fencing types (if not indicated on plan): |
|  |
|  |
| Location of fencing which requires upgrading / repairs: |
|  |

|  |  |  |
| --- | --- | --- |
| **NEIGHBOURS** | | |
| Number of neighbours with eligible species: | |  |
| Any identifiable higher risk neighbours: |  | |
|  | | |

|  |
| --- |
| **ROADS AND STOCK ROUTES** |
| Identify these on property plan. Note risks presented: |
|  |
|  |
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| --- | --- | --- | --- | --- |
| **BARRIERS** | | | | |
|  | | | | |
| Identification of water flows, potential for environmental transfer completed: | | |  | Yes  or No |
|  | | | | |
| Barriers required to minimise risk? | Yes  or No |  | | |
|  | | | | |
| (this will depend on risk posed by neighbours and potential flow of material contaminated with faeces. | | | | |

|  |
| --- |
| Reason: |
|  |
|  |
|  |
| If YES, describe barriers required: |
|  |
|  |

**INTRODUCED ANIMALS**

|  |
| --- |
| History of types of eligible animals introduced and sources during the previous 5 years, noting any particular risk groups: |
|  |
|  |
|  |

**FERAL ANIMALS**

|  |  |  |
| --- | --- | --- |
| Do feral animals pose a risk? | Yes  or No |  |
|  | | |
| If YES, describe the risk and action necessary: | | |
|  | | |

|  |
| --- |
| **Approved Veterinarian Signature** |
| **Date** |

|  |  |
| --- | --- |
| *Attach the following documents to this form* | |
|  | Copy of veterinarian’s notes |
|  | |
|  | Property plan identifying risk locations |

## Flock Management Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **FLOCK HISTORY** | | | |
| Were all animals born and raised on the property? | Yes  or No | | |
| How long have the animals been grazed on the property? | |  |  |
| List properties and districts animals not bred on the property the animals originated from.  (if insufficient space record details on separate sheet) | | | |
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**MOB DETAILS**

List the mobs on the property at time of plan. Include details of numbers / sex / age in each paddock

|  |  |  |
| --- | --- | --- |
| **Paddock** | **Number** | **Description** |
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**MANAGEMENT**

List main management activities (e.g. joining, marking, weaning, sales etc.) and time of year

|  |  |
| --- | --- |
| **Activity** | **Month** |
|  |  |
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**RISK ASSESSMENT**

List areas that require monitoring and ongoing maintenance such as barriers, fencing, flood gates etc (Refer to your flock and property risk assessment to complete this section)

|  |  |
| --- | --- |
| **Area/Location** | **Activity/Timing** |
|  |  |
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**MANAGEMENT OF STRAYING ANIMALS**

|  |
| --- |
| Record how straying animals are going to be managed |
|  |
|  |

**MANAGEMENT OF MOVEMENTS**

Record how movements are to be managed, including possible shows, sales, agistment, movements between adjoining blocks etc.

|  |  |
| --- | --- |
| **Event** | **Management method** |
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**IDENTIFICATION SYSTEM CHANGES**

Record changes needed to the ID system to enable the flock to maintain status

|  |
| --- |
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**TESTING STRATEGY**

Detail test strategy, listing times and mobs to be tested

|  |  |  |
| --- | --- | --- |
| **Mob** | **Number to be tested** | **Time of test** |
|  |  |  |
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**MANAGEMENT SKILLS**

Record how you will ensure that people operating this plan have the skills needed

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**VACCINATION (MN-V FLOCKS)**

Record how vaccination is to be undertaken, including age of animals, accessing vaccine, who will administer vaccine, identification procedures and record keeping.

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| --- | --- | --- |
|  | | |
|  | | |
| **Signed** | | |
| **Date** | ***Owner/Manager*** | ***Veterinarian*** |

## Boundary and Inspection Records

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | |  | | | | | |
| **DATE INSPECTED** | **AREA CHECKED** | **REASON (SEE BELOW)** | **PERSON RESPONSIBLE** | **FINDINGS** | **ACTION REQUIRED** | **DATE COMPLETED** | **SIGNED** |
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| \* For example, a periodic inspection (e.g. quarterly), moving stock into or out of the area, possible storm damage | | | | | | | |

## Introduced Animals

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | |  | | | | | |
| **ANIMAL ID (TAG NUMBERS)** | **DESCRIPTION (AGE, SEX,**  **EARMARKS ETC)** | **DATE INTRODUCED** | **PROPERTY OF ORIGIN (NAME AND PIC)** | **MAP STATUS OF FLOCK OF ORIGIN** | **AGENT** | **SALE** | **SIGNED** |
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## Record of Testing – Introduced Animals

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | |  | | | | | | |
| **ANIMAL ID (TAG NUMBERS)** | **DESCRIPTION (AGE, SEX,**  **EARMARKS ETC)** | **DATE INTRODUCED** | **MAP STATUS OF FLOCK OF ORIGIN** | **POST ENTRY TESTING DUE** | **DATE OF POST ENTRY TESTING** | **LAB REPORT NUMBER** | **SALE** | **SIGNED** |
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## Livestock Movement Record

For sheep where status is not maintained

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | |  | | | | | |
| **DISPATCH DATE** | **NO. OF STOCK** | | **SEX / AGE** | **BREED** | **MOB OR INDIVIDUAL ID** | **DESTINATION / PURCHASER SELLING AGENT** | **SIGNED** | |
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## Livestock Movement Record

For sheep where status is to be maintained

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | | | |  | | | | | | | | |
| **DISPATCH DATE** | **NO. OF STOCK** | **SEX / AGE** | **BREED** | | **MOB OR INDIVIDUAL ID** | **REASON FOR MOVEMENT** | **RETURN TO THIS FLOCK? (Y/N)** | **TRANSPORT CONDITIONS MET** | **TRANSPORT DETAILS** | **RETURN DATE** | **SIGNED** | **COUNTER SIGNED ON RETURN (APPROVED VET)** |
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## Livestock Identification Record

Stock born and reared on the property

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Identification Code:** | | |  | | | | |
| **YEAR/DATE** | **TAG COLOUR/NO.  (IF PRESENT)** | **TATTOO/ ID** | | **SEX** | **BREED** | **NUMBER** | **FLOCK NUMBER** | |
|  |  |  | |  |  |  |  | |
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## Vaccination Record

|  |  |  |
| --- | --- | --- |
| **Property Identification Code:** | | |
| **YEAR** | **NO. OF LAMBS** | **NO. VACCINATED** | | **DATE VACCINATED** | **MOB OR**  **IND. ID** | **NLIS (SHEEP) TAGS** | **BATCH NO.** | **SIGNED** |
|  |  |  | |  |  |  |  |  |
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## Model Letter to Neighbours

641 Browns Road

Anywhere

January 1, 2019

Dear Andrew and Alison,

I am writing to let you know that I have recently enrolled my flock in the SheepMAP, the Market Assurance Program for ovine Johne’s disease. This involves testing the flock for Johne’s disease and ensuring that I manage the flock to minimise the risk of introducing Johne’s disease.

Being part of SheepMAP means I need to assess factors that may pose a risk to the negative Johne’s status of my flock. One of these factors is straying animals – both my animals that stray off my land and may have come I n contact with other sheep, and animals from other properties that stray onto my land.

I would be grateful if you could help me to manage the risk of strays in two ways. The first is to let me know the Johne’s disease status of any sheep or goats that you may have on your property. It would be helpful too if you notified me if that status changes.

Secondly can I ask you that if any of my sheep stray onto your property, you let me know before you return the animal(s). This will enable me to identify the animal(s) and take the appropriate action.

Please call me on 1234 5678 if you would like to talk about this.

Thank you for your help.

Yours sincerely

## Record of Neighbouring Properties

|  |  |
| --- | --- |
| **Property Identification Code:** | |
| **OWNER** | **SHEEP** | | **OTHER SPECIES** | **JD STATUS (IF KNOWN)** | **MAP NOTIFICATION LETTER SENT** | **COMMENTS** |
|  |  | |  |  |  |  |
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## Record of Straying sheep

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| --- | --- | --- |
| **Property Identification Code:** | | |
| **STRAYING** | **DATE STRAYS DETECTED** | **LIKELY DATE OF STRAYING** | **DESCRIPTIONOF STRAYS** | **ANIMAL ID** | **NEIGHBOUR PROPERTY** | **OJD STATUS** | **ACTION**  **TAKEN** | **DATE APPROVED VET NOTIFIED** | **APPROVED VET SIGNATURE** |
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## Sheep Selected for PFC Testing

#### INSTRUCTIONS

1. List all mobs present which are 2 years of age and older in the table below.
2. List the number of sheep in each mob in column A.
3. Calculate total number of sheep 2 years and older in the flock: \_\_\_\_\_\_\_\_\_\_\_(B)
4. Calculate the proportion of sheep required from each mob (350/B) \_\_\_\_\_\_\_\_\_\_\_(C)
5. Calculate the number of sheep required from each mob (A x C) \_\_\_\_\_\_\_\_\_(D)
6. Fill in Column D, indicating the number of sheep which must be tested from each mob.
7. Select sheep for testing in each mob by drafting every “nth” sheep that comes up race (n = 1/C).
8. Complete columns E and F on actual numbers selected from each mob, and numbers tested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MOB ID** | **AGE** | **COLOUR/ OTHER ID** | **PADDOCK** | **A.**  **NUMBER IN MOB** | **D**  **NUMBER REQUIRED** | **E\***  **NUMBER SELECTED** | **F**  **NUMBER TESTED** |
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* Extra sheep may be selected to ensure sufficient sheep are tested (i.e. if a faecal sample cannot be collected from some selected animals).

## Sample Identification – PFC

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property Identification Code: | |  | Date: |  |  |
| Owner and Flock Name: |  | | | | |

VETERINARIAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **POOL NUMBER** | **ID OF MOB(S)** | **METHOD OF IDENTIFICATION** | **NUMBER** | **COMMENTS** |
| 1 |  |  |  |  |
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| 4 |  |  |  |  |
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| 5 |  |  |  |  |
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| 6 |  |  |  |  |
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| 7 |  |  |  |  |
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| 8 |  |  |  |  |
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## Test Results Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner, Flock Name and PIC: | | | | |  | | | | | | | |
| Date of Test: | |  | | | | Number sampled: | | |  | | | |
| Date of Results: | | | |  | | Test Used: |  | | | | | |
| Laboratory ID: | | |  | | |  | | | |  | | |
|  | | | | | | | | | | | | |
| Results: |  | | | | | NEGATIVE |  | POSITIVE | | |  |  |

**IDENTIFICATION OF POSITIVES:**

|  |  |  |
| --- | --- | --- |
| **Tag / Group Number** | **Action** | **Result** |
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## Test Results – Handling of Reactors

|  |  |
| --- | --- |
| Owner and PIC: |  |

**FLOCK AND SAMPLE DETAILS**

|  |  |
| --- | --- |
| Property Name: |  |
| Certificate Number: |  |
| Flock Status: |  |
| Date of test showing 1 or >1 reactor |  |
| Laboratory Name |  |
| Result Sheet Lab number |  |
|  |  |
| ID of Reactor / Group from Key Sheet |  |

**PFC FOLLOW-UP TEST**

|  |  |
| --- | --- |
| Date of faecal sampling: |  |
| ID of animal sampled (from result sheet) |  |
| Additional sheep sampled for missing animals |  |
| Lab number of result sheet: |  |
| Result: |  |
| Time Interval (Test/Follow-up): |  |

**HISTOPATHOLOGICAL TEST**

|  |  |
| --- | --- |
| Date of slaughter of reactor: |  |
| ID of animal slaughtered (from result sheet) |  |
| Lab No. of result sheet: |  |
| Specimens submitted (Y/N) |  |
| Blood Sample |  |
| Any gross lesions suggestive of JD |  |
| Entire Ileo-caecal valve incl. 5cm of ileum: |  |
| Three 5cm pieces of small intestine at one metre intervals anterior to ileo-caecal valve |  |
| Ileo-caecal lymph nodes: |  |
| Ileal (terminal mesenteric) lymph node |  |
| Piece of caecum |  |
| Piece of proximal colon |  |
| Proximal ileum: |  |
| Other (specify): |  |
| Tissue culture results |  |
| Time interval between test/follow-up: |  |

## Document Control Register

This form records all documents (including electronic documents and records) which you keep as part of your SheepMAP system. It is important that it is kept up to date.

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCUMENT NAME/NUMBER** | **DATE OF ISSUE** | **REPLACES** | **LOCATION** |
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## SheepMAP Review Checklist and Report

This checklist is to be used when you and your Approved Veterinarian do internal reviews of your activities, systems, records and processes to check that you are continuing to comply with SheepMAP requirements. An online checklist is also available at: [www.animalhealthaustralia.com.au/what-we-do/endemic-disease/maps/sheepmap/](http://www.animalhealthaustralia.com.au/what-we-do/endemic-disease/maps/sheepmap/)

When your property and flock have an external audit, the external auditor will use an exact replica of this checklist to ensure SheepMAP requirements are being met.

### THINGS TO NOTE ABOUT THE CHECKLIST

* This checklist is organised to follow the sequence of information in the SheepMAP manual. As a reviewer you do not need to work through the review in that order. Just make sure that every section is completed.
* The checklist is divided into sections with space for notes at the end of each section. Unless you want to record additional information all you need to do is place a tick in the appropriate column Use the notes space to explain your ratings – particularly if you give an ‘improvement needed’ rating – or make suggestions for system changes.
* Activities are rated as compliant or needing improvement. You are expected to see evidence of compliance before you tick that column. If there is no appropriate evidence (for example, if records are incomplete or you were not able to see the records) you should tick the ‘improvement needed’ column.
* Not every section may be applicable in every review. For example, if no animals strayed onto the land during the six-month period covered by the review, that part of Element 2 is not applicable. The section on Element 7 may not be applicable to all SheepMAP flocks. In these cases, draw a line through the relevant section and write ‘Not Applicable’, your initials and the date against it.
* Once it is completed the checklist is evidence of the review having been done. It needs to be retained for at least five years.

| **ACTIVITY/OPERATIONAL AREA** | **COMPLIES** | **IMPROVEMENT NEEDED** |
| --- | --- | --- |
| **RECORD KEEPING** | | |
| The SheepMAP manual being used for reference is the current version. |  |  |
| Internal reviews are being conducted at least every six months. |  |  |
| Detailed corrective action and improvement reports are being completed when required. |  |  |
| Records are held and can be accessed for the minimum period specified in the current SheepMAP manual. |  |  |
| An up to date document register is being maintained. |  |  |
| Records kept on forms other than those recommended in the manual contain all the required information including signatures. |  |  |
| **Notes:** | | |
| **ELEMENT 1 – FLOCK ENTRY & PROPERTY RISK ASSESSMENT** | | |
| A copy of the agreement between the flock manager and the Approved Veterinarian is held. |  |  |
| The flock status certificate is current. |  |  |
| A property plan has been prepared which shows: |  |  |
| * The land and how it is subdivided into paddocks |  |  |
| * Water flows |  |  |
| * Stock handling facilities |  |  |
| * Parts of the property where the flock will not be run |  |  |
| * All neighbouring properties (including public land) |  |  |
| * Points where potentially contaminated water or faeces could enter the land. |  |  |
| * Records are maintained which detail the type of construction and condition of boundary fences. |  |  |
| * Boundary fences are secure (verified by inspection of a randomly selected section of fencing). |  |  |
| Boundary fences are inspected regularly, and the results recorded as required. |  |  |
| Stock handling facilities are suitable for sample collection (verified by inspection of the facilities). |  |  |
| Stock handling facilities are not used by sheep or other eligible species of a lower status except in compliance with SheepMAP requirements. |  |  |
| Barriers are in place to prevent entry of potentially contaminated water or faeces from neighbouring properties. |  |  |
| Details of the sheep or other eligible species run on neighbouring properties are recorded. |  |  |
| The risk posed by feral animals has been assessed and a control/eradication strategy is in place. |  |  |
| The land is regularly checked for incursions by eligible species. |  |  |
| The flock and property risk assessment is reviewed annually and the Flock Management Plan is updated if required. |  |  |
| **Notes:** | | |
| **ELEMENT 2 – INTRODUCED LIVESTOCK** | | |
| Appropriate consultation between the flock manager and the Approved Veterinarian occurs before any sheep are introduced to the flock. |  |  |
| Records are kept for all introduced livestock including the following details: |  |  |
| * Introduction date |  |  |
| * Vendor’s name and address or PIC |  |  |
| * Description including sex, age, ear marks or tags |  |  |
| * Name of selling agent or sale if purchased at auction |  |  |
| * SheepMAP status of originating flock |  |  |
| * Sheep Health Declaration |  |  |
| Introduced sheep are from flocks of the same or higher status (see exceptions below). |  |  |
| Introduced sheep from flocks of lower status or non-SheepMAP flocks (for MN1 flocks only) do not exceed 5% of the flock per annum, are permanently identified and are/will be tested in accordance with the requirements detailed in Element 2, *Which animals can be introduced?* |  |  |
| All introduced sheep from flocks of lower status or non-SheepMAP flocks Element 2, *Which Animals can be Introduced?* of the SheepMAP. |  |  |
| Introduced sheep and the progeny of introduced ewes sold or moved retain the status of the flock of origin for two years after introduction. |  |  |
| Records are kept of all sheep or other eligible species (including neighbour’s stock) which stray onto the land in line with the requirements of Element 2, *Straying animals.* |  |  |
| Repairs to fences and any other action required by the Approved Veterinarian are carried out in a timely manner. |  |  |
| **Notes:** | | |
| **ELEMENT 3 – MOVEMENT OF ASSESSED ANIMALS** | | |
| Animals that are moved by walking are prevented from grazing or drinking while crossing land that is not identified as part of the SheepMAP land. |  |  |
| Where there is a potential for grazing or drinking during movement the Approved Veterinarian has been consulted concerning the risks and has approved the movement of the animals. |  |  |
| Animals that are to retain their SheepMAP status are only dispatched to show, exhibition or sale venues that can provide a certificate of Compliance with the Venue Audit, or where the housing and hygiene standards have been assessed by the flock manager and approved of by the Approved Veterinarian. |  |  |
| A property risk assessment has been conducted on any leased land or land used for agistment and the land is found to meet the conditions outlined in Element 3, *Agistment/Short-term movement to other land.* |  |  |
| Assessed animals which stray from the land are dealt with in accordance with Element 3, *Assessed animals that stray* |  |  |
| Animals are transported in accordance with Element 3, *Transport* so that they retain their assessed status. |  |  |
| Records are kept of all sheep dispatched from the flock including |  |  |
| * Numbers, sex, age, individual or mob identification |  |  |
| * Transaction date |  |  |
| * Name of purchaser and/or selling agent |  |  |
| * Name of transport provider and vehicle registration number |  |  |
| **Notes:** | | |
| **ELEMENT 4 – LIVESTOCK IDENTIFICATION** | | |
| A stock identification system ensuring permanent individual or mob identification is in place and complete records are maintained. |  |  |
| Introduced animals are appropriately identified within 7 days of arriving on the land, |  |  |
| Vaccinated animals, animals that are suspected of being infected and all animals that have been tested are identified |  |  |
| **Notes:** | | |
| **ELEMENT 5 – FLOCK MANAGEMENT PLAN** | | |
| An up to date Flock Management Plan containing all the information indicated in Element 5, *Preparing the Flock Management Plan*, is included in the SheepMAP records. |  |  |
| A copy of the Flock Management Plan is held by the Approved Veterinarian. |  |  |
| The Flock Management Plan is reviewed and amended as required by changes in circumstance that may significantly affect the risk status of the flock. |  |  |
| All neighbours have been contacted and asked for details of the Johne’s disease infection status and the status of their livestock recorded. |  |  |
| **Notes:** | | |
| **ELEMENT 6 - TESTING** | | |
| Sample Testing, in accordance with the requirements of Element 6, Sample testing and Appendix 1, Testing information for Approved Veterinarians, is carried out before enrolment in SheepMAP and to progress the status of the flock. |  |  |
| Maintenance Testing in accordance with the requirements of Element 6, Maintenance Testing and Appendix 1, Testing information for Approved Veterinarians, is carried out to monitor the disease status of the flock. |  |  |
| An Annual Veterinary Review has been conducted. |  |  |
| All tested animals are retained and if possible, run as a group separated from the rest of the flock until test results are confirmed as negative. |  |  |
| Follow up of positive test results is undertaken as required by the Approved Veterinarian within one month of notification. |  |  |
| **Notes:** | | |
| **ELEMENT 7 - VACCINATION** | | |
| All lambs born on the property are vaccinated before the oldest lambs are 4 months of age. |  |  |
| All vaccinated animals are tagged with an Approved Vaccination Tag that meets the requirements of the NLIS (Sheep) |  |  |
| Complete vaccination records are maintained |  |  |
| Copies all vendor declarations for sheep sold or moved are retained |  |  |
| **Notes:** | | |

## 

## Corrective Action & Improvement Report (CAIR)

Use this form to ensure that problems that you discover with your flock or property management activities or record keeping that can’t be fixed immediately get dealt with in a reasonable time frame and to keep a record of what you will do to reduce the risk of the same problem happening again.

|  |  |
| --- | --- |
| Date: | CAIR Number: |

**Corrective Action**

|  |  |  |
| --- | --- | --- |
| Area/activity where the problem occurred | | |
|  | | |
| Description of what happened (date, location, how the problem was noticed, why it is a problem) | | |
|  | | |
|  | | |
|  | | |
| Description of what caused the problem (or your best guess about what the cause is) | | |
|  | | |
|  | | |
|  | | |
| What will be done to fix this problem? | | |
|  | | |
|  | | |
| Date the problem will be fixed: | | |
|  | | |
| Responsible person | | |
| Name: | Signature: | Date: |
| Confirmation that the problem is fixed (signed off by flock owner/manager) | | |
| Name: | Signature: | Date: |
| **Improvement Action** | | |
| What will you do to prevent (or reduce the risk) of the same thing happening again? | | |
|  | | |
|  | | |
|  | | |
| Confirmation that the improvement is in place (signed off by responsible person) | | |
| Name: | Signature: | Date: |

|  |  |
| --- | --- |
| |  | | --- | | Notification of status **for flocks entering, continuing in, or leaving the**  **AUSTRALIAN JOHNE’S DISEASE MARKET ASSURANCE PROGRAM**  (to be submitted by the supervising Approved Veterinarian) |   **Owner/manager/property details** *(The manager is the contact person for all correspondence)* |
| |  |  | | --- | --- | | Owner’s name:  Trading name:  Property name:  Property address:  Web site: | Manager’s name:  Postal address:  Phone:  Fax:  Email: | | Property identification code (PIC): | LLS or region: |   **Status and testing details** |
| Current status and year obtained:       Certificate number:        Expiry date:       Test due:       External audit due: |
| Continuing status:  MN1  MN2  MN3  Vaccinating |
| Annual review date:        Extension requested to (date):        *(provide reason below)* |
| Any suspect sheep tested |
| Sample test  Maintenance test Date:       Lab report number: |
| Number of eligible animals:       Number of animals tested:  Flock size: |
| Discontinuing status:  Withdrawn (NA)  Disbanded (DB)  Infected (IN) |
| Comments/reason: |
| Page 1 of 2 |
| **Flock details** |
| Meat  Dairy  Wool/fibre  Commercial  Breeding  Stud name: |
| Breeds:       *(list primary, secondary and tertiary breeds)* |
| **Approved Veterinarian** |
| Veterinarian: |
| Hospital/clinic: |
| Postal address: |
| Phone:       Mobile: |
| Fax:       Email: |
| *I confirm that the outcomes of annual review and testing support the continuing MAP status shown above, the flock manager and I have auditable records supporting this status, and the information in this notification is true and correct.* |
|  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please correct and complete this notification form and send it to the MAP Administrator in your state. |
|  |
|  |
|  |
| Page 2 of 2 |

1. For the purposes of the program, a flock includes all sheep managed as a separate and discrete unit in terms of physical contact with other groups of eligible species. All sheep and eligible species grazed together or at any time, during a 12-month period on the same land or sharing the same facilities are considered to belong to the same flock. [↑](#footnote-ref-1)