**Department of Agriculture Environment and Rural Affairs (DAERA)**

**OWNER'S/EXPORTER'S/MANAGER’S DECLARATION - FLOCK**

**EXPORT IN HATCHING EGGS TO EU MEMBER STATES**

REFERENCE: CERTIFICATE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as owner\*/exporter\*/manager\* of hatching eggs of species (state whether chickens, turkeys, geese etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ originating in flock:

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address | Establishment Approval number  | NIPHAS Approval number |
|  |  |  |  |

To be certified for export on the above certificate

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

 (Country) (Date) (Time)

(\* indicates to delete if not applicable)

1. The above flock is a member of the Northern Ireland Poultry Health Assurance Scheme (NIPHAS) and complies with its requirements.
2. NIPHAS test results are available for the Certifying Officer.
3. The first and earliest collection of hatching eggs for this consignment was made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

1. The exporting establishment is not subject to movement restrictions and is not in a restricted zone for listed diseases relevant for avian species.
2. The hatching eggs come from a flock that has been continuously resident in one or more approved establishments since hatching or for at least 42 days before the hatching eggs for export were collected, that is from the date at (3) above.
3. List establishments of residence within the last 42 days, if other than the establishment from which the hatching eggs were collected, in the schedule below. Insert N/A if not applicable.
4. The hatching eggs have been individually marked with the approval number of the establishment of the flock of origin.
5. The hatching eggs have been disinfected.

**nOTE: Salmonella arizonae and Mycoplasma meleagridis testing are required for turkeys only.**

 **IF THE DECLARATION IS FOR ANY OTHER SPECIES IGNORE REFERENCE TO TEST REQUIREMENTS FOR THESE BELOW.**

**DETAILS IN NIPHAS HANDBOOK**

1. The flock of origin has not had infection reported with *Salmonella* Pullorum, *Salmonella* Gallinarum and *Salmonella arizonae.*

1. Select (a) or (b) and delete the other.

The establishment of origin has \*(a) not had infection confirmed with *Salmonella* Pullorum, *Salmonella* Gallinarum or *Salmonella arizonae* in the 12 months before the hatching eggs for export were collected. Delete if not applicable.

OR \*(b) Salmonella Pullorum, Salmonella Gallinarum or Salmonella arizonae was confirmed during the last 12 months before the hatching eggs for export were collected, the infected flock was destroyed, the establishment cleaned and disinfected and the entire flock had 2 tests at least 21 day apart for Salmonella Pullorum, Salmonella Gallinarum and Salmonella arizonae with negative results. Test results are available. Delete if not applicable.

1. The flock of origin has not had infection reported with Mycoplasma gallisepticum and Mycoplasma meleagridis.

1. Select (a) or (b) and delete the other.

The establishment of origin has \*(a) not had infection confirmed with Mycoplasma gallisepticum and Mycoplasma meleagridis in the 12 months before the hatching eggs for export were collected. Delete if not applicable.

OR \*(b) Infection with Mycoplasma gallisepticum or Mycoplasma meleagridis was confirmed during the last 12 months before the hatching eggs for export were collected and either

1. \*The infected flock had 2 tests at least 60 day apart for Mycoplasma gallisepticum and Mycoplasma meleagridis with negative results in accordance with NIPHAS programme. Test results are available. Delete if not applicable. OR
2. \*The infected flock was destroyed, the establishment cleaned and disinfected and the entire flock had 2 tests at least 21 day apart for Mycoplasma gallisepticum and Mycoplasma meleagridis with negative results. Test results are available. Delete if not applicable.
3. The poultry from which the eggs originated:
	1. **\***Have not been vaccinated against Newcastle Disease or
	2. **\***Have been vaccinated against Newcastle Disease using

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**(Name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s))**

At the age of \_\_\_\_\_\_\_\_\_\_\_\_weeks

\*Live attenuated vaccines comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, they were authorized in GB, NI or EU.

If other, describe here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inactivated vaccine was used, delete.

1. The hatching eggs:
	1. **\***Have not been vaccinated against Newcastle Disease or
	2. **\***Have been vaccinated against Newcastle Disease using

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**(Name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s))**

At the age of \_\_\_\_\_\_\_\_\_\_\_\_weeks

\*Live attenuated vaccines comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, they were authorized in GB, NI or EU.

If other, describe here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inactivated vaccine was used, delete.

1. \* Delete if exporting from the hatchery and not the flock of origin of the hatching eggs:

The boxes/containers used for transporting the hatching eggs

* 1. Contain only hatching eggs of the same species, category and type and are of the same health status;
	2. Are labelled with:
1. the name of the Member State of origin
2. the approval or registration number of the establishment of origin
3. the species of poultry
4. the number of hatching eggs in each box;
	1. Are either unused and purpose-designed disposable containers that will be destroyed after first use OR

Are cleaned and disinfected after use and dried or allowed to dry before next use.

1. \* Delete if exporting from the hatchery and not the flock of origin of the hatching eggs:

The means of transport (road/rail vehicle, vessels/aircraft) and the containers/boxes in which hatching eggs are transported are:

1. Constructed so that hatching eggs cannot escape or fall out
2. The escape of animal excrements, litter or feed is prevented or minimised;
3. The escape of feathers is prevented or minimised;
4. Are cleaned and disinfected as soon as possible after every transport of hatching eggs or any item representing an animal health risk and if necessary, cleaned and disinfected again and in any case dried or allowed to dry before any new loading of animals or hatching eggs.
5. Applicable to exports of hatching eggs of *Gallus gallus* (chickens)and turkeys only, otherwise delete.

The above flock complies with the requirements of the National Control Programme for Salmonella including sampling frequency, test method. Medicines records and Salmonella test results are available.

If any of the results were positive for the serotypes Salmonella Hadar, Salmonella Virchow and Salmonella Infantis during the life of the parent flock indicate as positive below.

|  |  |  |  |
| --- | --- | --- | --- |
| Identification of the flock  | Age of the birds | Date of last sampling of the flock from which the testing result is known(dd/mm/yyyy) | Result of all testing in the flock (add lines as necessary)  |
|  |  |  | Positive  | Negative |
|  |  |  |  |  |

1. \*The following vaccines used to control Salmonella as part of National Control Programme were used in the parent flock of origin as below (delete if not applicable):

|  |  |  |
| --- | --- | --- |
| Name of Vaccine  | Date administered | Purpose |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Applicable to exports of hatching eggs of *Gallus gallus* and turkeys only

No antimicrobials were used to control Salmonella.

1. Applicable to exports of hatching eggs of *Gallus gallus* and turkeys only, otherwise delete. Neither Salmonella Enteritidis nor Salmonella Typhimurium were detected within the Salmonella National Control Programme.
2. Applicable only to exports to Finland or Sweden, delete otherwise.
3. The flock of origin was isolated for 15 days before testing for Salmonella
4. The flock tested negative for Salmonella including for S typhimurium, S enteritidis, S Hadar, S Virchow, S Infantis.
5. I undertake to notify the certifying authorised Private Veterinary Practitioner (aPVP) if any clinical sign or suspicion of contagious poultry disease develops in the above flock subsequent to the clinical examination / health record check carried out by the aPVP within 72 hours of consignment, until the incubation period of the eggs is complete.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE FOR RESIDENCE**

USE THIS IF THE EXPORTING FLOCK OF ORIGIN, THAT LAY HATCHING EGGS FOR EXPORT ON INTRA.XI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RESIDED OTHER THAN IN THE FINAL ESTABLISHMENT WITHIN THE PAST 42 DAYS.

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| --- | --- | --- | --- |
| Name  | Address | FlockApproval number  | NIPHAS Approval number |
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