



Agri-Food & Veterinary Authority of Singapore
 52 Jurong Gateway Road #14-01 Singapore 608550
 Fax: (65) 6334 1831
 Internet Website: <http://www.ava.gov.sg>

APPLICATION FOR EXPORT OF TABLE HEN EGGS TO SINGAPORE

Note:

This guideline sets out the information on layer farms required by Agri-Food and Veterinary Authority (AVA), for evaluation to export table hen eggs to Singapore.

Complete information must be provided, as inadequate/incomplete submission will result in delays in processing.

Please feel free to include any additional information to support your application.

A) PARTICULARS OF COMPANY

Name of Company			
Names of owner (s)			
Company address			
Unit no			
Street Name			
Post Code			
District / City			
State / Province			
Tel No.			
Fax No.			
Email Address			
Does the company own other poultry farms (e.g breeder farm, pullet farm, broiler farm, layer farm, etc) under the company? List all the farms below (include current farm under inspection)			
Farm Name	Type of farm	Location	Production capacity



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B) PARTICULARS OF FARM APPLYING FOR ACCREDITATION

Name of farm	
Name of owner	
Farm Address	
Unit no.	
Street Name	
Post Code	
District / City	
State / Province	
Tel No.	
Fax No.	
Email Address	

C) PARTICULARS OF FARM VETERINARIAN

Name of consulting / Farm veterinarian	
Address	
Tel no.	
Fax no.	
Email address	
Qualifications & Date of Appointment to Farm	
<i>Please attach copy of appointment letter</i>	

D) FARM STAFF

	Number of staff	Area of work
Veterinary and para-vets		
Managerial		
Worker		



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Administration		
Others (please specify)		

E) LOCATION, LAYOUT OF FARM

Total area of farm (Ha):		
GPS Coordinates	Longitude:	_____ 0 _____ ' _____ ''
	Latitude	_____ 0 _____ ' _____ ''
Location of farm: <i>Attach a location map showing the surrounding where the farm located</i>		
a) Any other poultry farm within the same area where the farm located?		
b) What is the distance to the nearest poultry farms?		
c) What is the distance to the public road from the farm?		
Poultry House		
a) Type of poultry house		* Closed house / open sided house
b) Number and type of house		
c) Cooling system		None (simple fans in house) / tunnel fan / tunnel fan & evaporative cooling pad / mist spray inside house*
d) Type of production system		Multi-tiered cage system / barn system / others (please specify)
e) Attach details of current flock status (including growers and pullets)		As attached in Annex A

F) SOURCE OF REPLACEMENT STOCKS AND PRODUCTION

Source of day old chicks:	
a) Name of supplier/breeder farm(s)	
b) Breed	

Production Performance:	
a) Age (weeks) at 5% egg production	week



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b) Age (weeks) at peak production and %	Week, %
c) Average hen-day production (%)	%
d) Average hen-housed production (no. of eggs)	eggs
e) Total eggs produced per month (no. of eggs)	eggs
f) % mortality / culling before lay	%
g) % mortality / culling at lay	%
h) Culling age (weeks)	week
i) Attach a copy of the records of the completed cycle of egg production of all the flocks.	
j) Provide photographs of the interior of the brooding, rearing and laying facilities.	

G) FARM BIOSECURITY AND HYGIENE

1) Describe the biosecurity and sanitation control measures carried out in the farm (e.g. personnel, vehicles, etc)
2) Provide photographs of the following with description:
a) Disinfection facilities for vehicles entrance to farm and production area
b) Workers and visitors' changing / shower room, foot-dip at entrance to production area
c) Foot-dip at entrance to poultry houses
d) Perimeter fencing
e) Fence and gate showing proper separation between production and non-production area
f) Worker quarters
g) Bird-proofed poultry house
h) Drainage system
i) Egg room
i) General view of farm

H) HEALTH PROGRAMME

1. Vaccination regime:			
Age (week / day)	Type of Vaccines (with strains and manufacturer)	Method of application	Vaccination for (disease)



2. Medication / prophylaxis programme:		
Age of use (week / day)	Type used and dosage	Control for (disease)

3. Type of disinfectants / sanitizers used:		
Point of use (e.g vehicle, foot path, personnel etc.)	Type of disinfectant	Concentration used

4. Salmonella enteritidis control and monitoring programme:		
a) Does the farm carry out vaccination against <i>Salmonella enteritidis</i> (SE) during growing period / egg production period?		*Yes / no
b) If yes, please fill up the table below:		
Age of vaccination (week / day)	Vaccine strain and manufacturer	Method of vaccination
c) Attach the farm's <i>Salmonella enteritidis</i> (SE) monitoring programme. The programme must include the following information:		
Age / week of sampling	Type of samples (e.g fecal swab, type of organs, etc.)	Sample size (nos. of sample collected)



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d) Attach copies of laboratory reports for Salmonella tests of samples.		

I) SOURCE OF ANIMAL FEED

a) Type of feed and feeding duration:
b) Source / supplier of feed:
c) Provide list of ingredients and composition in feed
d) Provide list of feed additives, manufacturer, % concentration and purpose of use
e) Provide photographs showing condition of feed store

J) WATER SUPPLY

1. Source of supply	* PUB / underground / well / pond / other (please specify
a) For drinking:	
b) For washing:	
2. State chlorine level in ppm if treated with chlorine	ppm
3. Attach copy of analytical results (if any) of drinking water for microbiology and heavy metal if water supply is not from Public Utility.	
4. Provide photographs of water supply system (pond, underground water system, water storage tank, water treatment facilities, etc.	

K) WASTE TREATMENT / DISPOSAL

Methods of treatments / disposal (incineration/pit/bury/sale) and frequency :	
a) Dead birds	
b) Manure	
c) Farm waste	
d) Others	
2. Provide photographs of disposal system / site	

L) PEST CONTROL MEASURES

Methods and chemicals used for pest control:	
a) Flies	
b) Rodents	
c) Wild Birds	
d) Stray Animals	



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M) DECLARATION BY ESTABLISHMENT

I declare that the information given above is true and correct

Name and designation of person who submitted above information

Signature and Company Stamp

Date

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N) VERIFICATION BY VETERINARY AUTHORITY

I have verified the above information given by the company and certified that they are true and correct.

Name and designation of veterinarian who verified above information

Signature and Official Stamp
Of Veterinary Authority

Date

FARM FLOCK DETAILS

(For all ages of birds, including chicks and growers, and record empty houses)

SN	Flock ID	House No.	Age (weeks)	Breed	Source	No. of birds ('000)	No of eggs produced (Daily)	House Type (ECC/Bird-proofed / Open-sided)	Date of last sampling for Salmonella test.	Remarks./ lab result of Salmonella test
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Farm production per month (million) (current / maximum)		Address of Breeder source(s):
Eggs exported per month (million) (current / maximum)		