PENNSYLVANIA EGG QUALITY ASSURANCE PROGRAM
LAYER HOUSE – INITIAL EVALUATION FORM

FLOCK ID # _____PREMISE ID#_____

FLOCK INFORMATION:

1. Number of houses on premises_____

2. Type of houses: High-rise / Shallow pit / Floor House / Manure Belt System (circle one)

3. Number of cage banks _____ 4. Number of tiers _____ 5. Number of frames _____

6. Water source: Water cup or nipples (circle one)

7. House capacity_____ 8. Placement date _____/_____/_____

9. Twenty week date _____/_____/_____

10. Farm Vaccination program:

None _____ Live SE _____ Killed SE bacterin _____

What Company _____

11. Farm manager's assessment of rodent activity:

High Moderate Low None (circle one)

12. Current Rodent Control Program _____

13. Egg Processor receiving eggs _____

14. Approximate age of poultry building/equipment _____

Comments:

_____

_____

15. Date of Initial inspection with PEQAP COORDINATOR: _____

(Please be sure to set up an initial inspection with Kim Kennedy for this premises, (717) 783-6851.

Date _____/_____/_____ Evaluator _____
(Please Print Name)