



**Australian Johne's Disease
Market Assurance Program for Goats
(Goat MAP)**

**SHOW, SALE & EXHIBITION
CERTIFICATE OF COMPLIANCE**

"Provided by Agricultural Shows Australia as part of the National JD Program"

This is to certify that

EVENT

VENUE

DATE

Co-ordinated by

COMMITTEE OF MANAGEMENT

COMMITTEE REPRESENTATIVE

and the organizer have undertaken to manage the event so as to maintain the status of exhibitors' stock, compliant with the current GoatMAP guidelines.

AUDITOR

Address

Phone

Signature

Date

Goat MAP SHOW, SALE & EXHIBITION VENUE AUDIT

Provided by Agricultural Shows Australia as part of the National JD Program

Compliance Checklist

It is recommended that an inspection be undertaken 2-3 weeks before the event so that defects can be corrected, exhibitors advised and venue audited immediately before the event. Auditor and Chief Steward should be familiar with and understand the relevant rules and regulations of the Goat MAP.

Certificate of Compliance should be displayed for exhibitors to sight on arrival before unloading.

VENUE:	
EVENT:	DATE:
VENUE MANAGEMENT COMMITTEE:	
EVENT COMMITTEE REPRESENTATIVE:	
AUDITOR:	
ADDRESS:	
DATE:	SIGNATURE:

1. Entry requirements to minimise the risk of infected animals attending the Show. (Tick the appropriate box)

MINIMUM DECLARATION

Exhibitor's Declaration that the herd status is Non-Assessed (ie: the herd has not been assessed for Johne's disease and Johne's disease is not suspected in the herd).

DECLARATION & NEGATIVE TEST

Minimum as above plus testing negative of all exhibited goats over 12mths of age.

CHECK TESTED

Only entry of CT or higher status herds (including GoatMAP herds).

MN STATUS OR EQUIVALENT

Only entry of MN1 or higher status herds assessed under the GoatMAP.

GoatMAP SHOW, SALE & EXHIBITION VENUE COMPLIANCE AUDIT

2. Action to minimise the risk of infection spreading at the Show.

2.1 Previous stock use in last twelve months & date

Goats	
Sheep	
Cattle	
Camelids	
Deer	

2.2 Decontamination procedure between events.

Comment

2.3 Inspection of site for faecal contamination.

Comment

Satisfactory

Yes/No

a. HOUSING STANDARDS:

a.1 Assessed goats and non-assessed goats are separated by a minimum distance of 2 metres or a solid wall 1 metre high.

Yes/No

Comment

a.2 Different coloured ear tags are used to differentiate animals from assessed and non-assessed herds (optional)

Yes/No

a.3 Signs used to identify areas that are restricted to Assessed Stock

Yes/No

Comment

b. HYGIENE STANDARDS:

b.1 Provision and instruction has been made to feed and water animals from containers with a minimum height of 30cm above ground.

Yes/No

Comment

b.2.1 All goats will be tethered when not led or penned in allocated areas.

Yes/No

Comment

b.2.2 Goats will not be permitted to graze on grassed areas

Yes/No

Comment

GoatMAP SHOW, SALE & EXHIBITION VENUE COMPLIANCE AUDIT

b.3.1 Provisions have been made to promptly remove faecal contamination from common areas.	Yes/No
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Comment	
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b.3.2 Faeces and contaminated bedding will be removed to a place to which stock do not have access.	Yes/No
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Comment	
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b.4 During pen cleaning goats will be retained away from areas, fixtures or bedding that has been contaminated by other animals	Yes/No
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Comment	
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b.5 Provision has been made for a steward to inspect the exhibited goats and any goats exhibiting signs consistent with JD will be isolated.	Yes/No
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Comment	
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c. ADVICE TO EXHIBITORS	Yes/No
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c.1 All exhibitors have been advised of the above guidelines.	
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Comment	
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c.2 All exhibitors have been advised to thoroughly clean out trucks used to transport stock.	Yes/No
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Comment	
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c.3 All exhibitors have been advised to separate goats from assessed and non-assessed herds and have goats tethered or penned at all times..	Yes/No
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Comment	
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AUDIT SUMMARY	Yes/No
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Provisions comply with GoatMAP Guidelines	
	Description of Element
Non Compliance	Minor Defect
	Major Defect
	Critical Defect

Chief Steward signs that he/she understands the above listed requirements and that these requirements will be met during the show.

Chief Steward Signature		Date:
Auditor Signature		Date: