

Australian Johne's Disease Market Assurance Program for Sheep (SheepMAP)

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	
The organizer has undertaken to manage the event compliant with the current SheepMAP guidelines.	so as to maintain the status of exhibitors' stock,
AUDITOR:	
Address:	
Phone:	
Signature:	Date:
Sheep Audit - 26/09/13	

SHEEP MAP SHOW, SALE & EXHIBITION VENUE AUDIT

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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 SheepMAP.

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

 Entry requirements to minimise trappropriate boxes) 	ne risk of infectious animals attending the Show. (Tick the
VENUE:	
	DATE:
VENUE MANAGEMENT COMMITTEE:	
EVENT COMMITTEE REPRESENTATIV	/E:
AUDITOR:	
ADDRESS:	
	SIGNATURE:
MEDIUM – HIGH ASSURANCE	
Sheep from SheepMAP flocks or from a	flock within a Regional Biosecurity Area
LOW ASSURANCE	
Sheep from a flock that has tested negat last two years &/or are approved vaccina	ive (abattoir 150 or 500, or pooled faecal culture 350) in th tes
MINIMUM DECLARATION Not assessed	
1.2. Flocks with MN1 status and above in	n SheepMAP to be segregated from other Medium – High
assurance sheep (optional)	Yes □ or No□

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

2.1 Previous stock use in last twelve months & date		
Sheep		
Goats		
Camelids		
Deer		
Cattle		
2.2 Decontamination procedure between events. Comment		
2.3 Inspection of site for faecal contamination. Comment		
	Satisfactory	Yes□or No□
a. HOUSING STANDARDS:		
a. Medium - High Assurance, Low Assurance and Not Assessed sheep are separated by a minimum distance of 2 metres or a solid wall 1 metre high. Comment		Yes□ or No□
a.2 Different coloured ear tags are used to differentiate High-Medium Assurance, Low		
Assurance and Not Assessed	Optional	Yes□ or No□
a.3 Signs used to identify areas that are restricted to High-Medium Assurance, Low Assurance and Not Assessed		Yes□ or No□
Comment		
b. HYGIENE STANDARDS: b.1 Provision and instruction has been made to feed and water animals from containers and hay racks with a minimum height of 30cm above ground. Comment		Yes□ or No□
b.2.1 All sheep will be tethered when not led or penned in allocated areas Comment		Yes□ or No□
		Voo 🗆 or No 🗆
b.2.2 Sheep will not be permitted to graze on grassed areas. Comment		Yes□ or No□
b 0.4 Descriptions have been made to account the second to		
b.3.1 Provisions have been made to promptly remove faecal contamination from common areas and sweep Show Judging area after each Class. Comment		Yes□ or No□

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b.3.2 Faeces and cor access. Comment	ntaminated bedding will be remove	ed to a place to which stock do not have	Yes□ or No□
	Assessed sheep at the Show/Exr fore being re penned after use of c	nibition the feet of ALL sheep will be cleaned common areas.	Yes□ or No□
b.4 During pen clean by other animals Comment	ing sheep will be retained away fro	om areas, fixtures or bedding contaminated	Yes□ or No□
b.5 Provision has bee signs consistent with Comment		the exhibited sheep and any sheep exhibiting	Yes□ or No□
c. Advice to Exhibitor c.1 All exhibitors have Comment	rs e been advised of the above guide	elines.	Yes□ or No□
c.2 All Exhibitors hav	re been advised to thoroughly clea	an out trucks used to transport stock.	Yes□ or No□
	re been advised to separate sheep Assessed flocks and have lambs to	o from Medium - High Assurance, Low ethered or penned at all times.	Yes□ or No□
			Yes□ or No□
AUDIT SUMMARY Provisions comply with SheepMAP Guidelines		Description of Element	Yes□ or No□
Non Compliance	Minor Defect	·	
	Major Defect		
	Critical Defect		
Chief Steward sign met during the sho	ns that he/she understands the	above listed requirements and that these requi	
Chief Steward Signa	ature:	Date:	
Auditor Signature:		Date:	