



Mycoplasma Vaccination - On Farm Audit Form

Flock Details

Farm / Shed		Flock Type	
Flock Size		Breed	
Date	/ /	Placement Date	/ /
Age at Vaccination		Mycoplasma Status	
Vaccinator #1	(supervisor)	Vaccinator #3	
Vaccinator #2		Vaccinator #4	

Vaccine Details

Delivery from Distributor	Vaxsafe® MG	Vaxsafe® MS	Date	Signature
Serial number			/ / date received	
Number of bottles				
Arrival at storage	<input type="checkbox"/> Dry ice <input type="checkbox"/> Cool box <input type="checkbox"/> Thawed	<input type="checkbox"/> Dry ice <input type="checkbox"/> Cool box <input type="checkbox"/> Thawed		
All vaccine in bottom of frozen bottles?	Yes No	Yes No		
Storage to Farm				
Arrival on farm	<input type="checkbox"/> Dry ice <input type="checkbox"/> Cool box <input type="checkbox"/> Thawed	<input type="checkbox"/> Dry ice <input type="checkbox"/> Cool box <input type="checkbox"/> Thawed	/ /	
Storage at farm (time/temp)				
All vaccine in bottom of frozen bottles?	Yes No	Yes No		
Temperature				
Range in shed during vaccination	°C to °C		/ /	
Thawing				
Volume of thaw water		L		
Temperature of thaw water		°C		
Other vaccines				
Dye				
Administration				
Administration route	<input type="checkbox"/> Eyedrop <input type="checkbox"/> Eyedrop Spray	<input type="checkbox"/> Eyedrop <input type="checkbox"/> Eyedrop Spray	/ /	
Which eye?	Left Right	Left Right		
Recent antibiotics			Feed/ Water	

Thaw Details

Thaw	Bottle Qty		Time Thawed	Time Finished	Signature
	MG	MS			
1					
2					
3					
4					
5					
6					
7					
8					
9					

To be filled in by Auditor

Control Analysis	Vaxsafe® MG	Vaxsafe® MS	Signature
Number of birds/ Number of doses			
Doses per operator per hour			
Dye analysis (100 birds)			
Comments			

Serological Response			
Date of sampling	/	/	Lab reference #
Result			