II

(Acts whose publication is not obligatory)

COMMISSION

COMMISSION DECISION

of 18 June 1986

amending Decision 84/90/EEC laying down the codified form for the notification of animal diseases pursuant to Council Directive 82/894/EEC

(86/311/EEC)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Economic Community,

Having regard to Council Directive 82/894/EEC of 21 December 1982 on the notification of animal diseases within the Community [1], as amended by Regulation 3768/85 [2], and in particular Article 5 and Annex II thereof,

Whereas it seems that a certain form of wording in Commission Decision 84/90/EEC [3] may lead to misunderstanding ;

Whereas, to avoid confusion, it is necessary to reword Annexes I and II to that Decision to make a clear distinction between animals that are slaughtered and used for human consumption and those that are killed and the carcases destroyed ;

Whereas the measures provided for in this Decision are in accordance with the opinion of the Standing Veterinary Committee,

HAS ADOPTED THIS DECISION :

Article 1

Annexes I and II to Decision 84/90/EEC are hereby replaced by Annexes I and II to this Decision.

Article 2

This Decision is addressed to the Member States.

Done at Brussels, 18 June 1986.

For the Commission

Frans ANDRIESSEN

Vice-President

(1) OJ No L 378, 31. 12. 1982, p. 58.
(2) OJ No L 362, 31. 12. 1985, p. 8.
(3) OJ No L 50, 21. 2. 1984, p. 10.

ANNEX I

ANIMAL DISEASE NOTIFICATION — FORM 1

NOTIFICATION TO THE COMMISSION AND TO THE OTHER MEMBER STATES OF OUTBREAKS OF DISEASE IN A MEMBER STATE, IN ACCORDANCE WITH DIRECTIVE 82/894/EEC (1)

	Information required		Text to be transmitted
	Commission reference number		DGVI/B4/ADN1
	Date of dispatch (*) (day/month/year)		__/__/__
	Time of dispatch (*) (24-hour clock)		____
	Country of origin (*)		__
	Disease (*)		__
	Serial number of outbreak (*) (year/number)		__/____
	Disease type/sub-type		____
	Region affected (*)		___
	If restrictions affect another region, specify that region		___
	Type of outbreak (*) (primary '1' or secondary '2')		_
	Reference number of outbreak to which this outbreak relates		__/__/__/____
	Origin of disease		__
	Control measures : Use one or more sequentially according to number of control measures to be specified		__ __ __ __ __
	Date of suspicion of disease on holding (day/month/year)		__/__/__
	Number of susceptible animals on holding :	— Cattle	____
		— Pigs	____
		— Sheep	____
		— Goats	____
		— Poultry	____
	Date of confirmation of disease on holding (*) (day/month/year)		__/__/__
	Number of animals clinically affected on holding :	— Cattle	____
		— Pigs	____
		— Sheep	____
		— Goats	____
		— Poultry	____
	Estimated date of first infection on holding (day/month/year)		__/__/__
	Number of animals that have died of the disease on holding :	— Cattle	____
		— Pigs	____
		— Sheep	____
		— Goats	____
		— Poultry	____
	(Estimated) date of completion of slaughter for human consumption (day/month/year)		__/__/__
	Number of animals slaughtered for human consumption :	— Cattle	____
		— Pigs	____
		— Sheep	____
		— Goats	____
		— Poultry	____
	(Estimated) date of completion of slaughter and destruction (day/month/year)		__/__/__
	Numbers of animals killed and destroyed :	— Cattle	____
		— Pigs	____
		— Sheep	____
		— Goats	____
		— Poultry	____
	Swine fever only — Distance from nearest pig holding (in metres)		____
	Number and type of pigs on the infected holding :	— Breeding pigs	___
		— Piglets	___
		— Fattening pigs	___
	Swine fever only — Method used for diagnosis		__
	Number and type of pigs clinically affected on the holding :	— Breeding pigs	___
		— Piglets	___
		— Fattening pigs	___
	End of coded section		
	Free text (if required)		

(1) Secondary outbreaks need to be notified to the Commission.

NB : Lines marked with an asterisk (*) must be completed, otherwise notification will be rejected.

ANNEX II

ANIMAL DISEASE NOTIFICATION — FORM 2

NOTIFICATION TO THE COMMISSION AND TO THE OTHER MEMBER STATES OF ADDITIONAL INFORMATION OR CORRECTION OF INFORMATION IN ACCORDANCE WITH DIRECTIVE 82/894/EEC (1)

	Information required	Text to be transmitted
	Commission reference number	DGVI/B4/ADN2
	Date of dispatch (*) (day/month/year) Time of dispatch (*) (24-hour clock) Country of origin (*) Disease (*)	__/__/__ ____ __ __
	Serial number of outbreak (*) (year/number) Disease type/sub-type Region affected (*) If restrictions affect another region, specify that region Type of outbreak (*) (primary '1' or secondary '2') Reference number of outbreak to which this outbreak relates Origin of disease	__/____ ____ ___ ___ _ __/__/__/____ __
	Control measures : Use one or more sequentially according to number of control measures to be specified	__ __ __ __ __
	Date of suspicion of disease on holding (day/month/year) Number of susceptible animals on holding : — Cattle — Pigs — Sheep — Goats — Poultry	__/__/__ ____ ____ ____ ____ _____
	Date of confirmation of disease on holding (*) (day/month/year) Number of animals clinically affected on holding : — Cattle — Pigs — Sheep — Goats — Poultry	__/__/__ ____ ____ ____ ____ _____
	Estimated date of first infection on holding (day/month/year) Number of animals that have died of the disease on holding : — Cattle — Pigs — Sheep — Goats — Poultry	__/__/__ ____ ____ ____ ____ _____
	Date of completion of slaughter for human consumption (day/month/year) Number of animals slaughtered for human consumption : — Cattle — Pigs — Sheep — Goats — Poultry	__/__/__ ____ ____ ____ ____ _____
	Date of completion of slaughter and destruction (day/month/year) Numbers of animals killed and destroyed : — Cattle — Pigs — Sheep — Goats — Poultry	__/__/__ ____ ____ ____ ____ _____
	Swine fever only — Distance from nearest pig holding (in metres) Number and type of pigs on the infected holding : — Breeding pigs — Piglets — Fattening pigs	____ ____ ____ ____
	Swine fever only — Method used for diagnosis Number and type of pigs clinically affected on the holding : — Breeding pigs — Piglets — Fattening pigs	__ ____ ____ ____
	End of coded section	
	Free text (if required)	

(1) Secondary outbreaks need to be notified to the Commission.

NB : Lines marked with an asterisk (*) must be completed, otherwise notification will be rejected.