

**MANUAL PENGURUSAN
AMALAN PERLADANGAN YANG BAIK (GAHP)
LADANG AYAM / ITIK**

**Maklumat Pengurusan
Amalan Perladangan yang baik (GAHP)
Ladang Ayam Baka/Penelur/Pedaging**

Kandungan

Bil.	Perkara	Muka surat
A	MAKLUMAT PENGUSAHA DAN LADANG <i>(PARTICULARS OF OPERATOR)</i>	
B	INFRASTRUKTUR & KEMUDAHAN LADANG <i>(INFRASTRUCTURE AND FARM FACILITIES)</i>	
C	PENGURUSAN SUMBER LADANG <i>(MANAGEMENT ON FARM SOURCES)</i>	
D	PENGURUSAN BIOSEKURITI DI LADANG <i>(FARM BIOSECURITY MANAGEMENT)</i>	
E	PENGURUSAN SANITASI LADANG <i>(FARM SANITATION PROGRAMMES)</i>	
F	PROGRAM KESIHATAN TERNAKAN <i>(ANIMAL HEALTH PROGRAMMES)</i>	
	1. Program Vaksinasi <i>(Vaccination Programmes)</i>	
	2. Program Kesihatan <i>(Health Programmes)</i>	
	3. Program Pemantauan Penyakit <i>(Diseases Monitoring Programmes)</i>	
	4. Pengurusan Vaksin, Ubat dan Bahan Kimia <i>(Vaccine, Drugs, Chemicals Management)</i>	
G	PENGURUSAN PENCEMARAN <i>(WASTE MANAGEMENT)</i>	
	1. Pengurusan Sisa Ladang <i>(Farm Waste Management)</i>	
H	KAWALAN MAKHLUK PEROSAK	

A) MAKLUMAT LADANG *FARM PROFILE*

1. Maklumat Syarikat & Ladang *Particulars of Operator*

	Company	Farm
Name		
Address		
Post Code		
State		
Phone		
Fax		
Farm Code		
Export Farm Code		
No. Lesen Penternakan		
GPS Reading		

2. Jenis Operasi *Type Of Operation* (Please tick (✓))

1. Ayam Pedaging <i>Broiler Chicken</i>	
2. Ayam Baka : Pedaging/Penelur <i>Breeder Chicken: Broiler/Layer</i>	
3. Ayam Penelur <i>Layer Chicken</i>	
4. Itik Pedaging <i>Broiler Duck</i>	
5. Itik Baka : Pedaging/Penelur <i>Breeder Duck: Broiler/Layer</i>	
6. Itik Penelur <i>Layer Duck</i>	

3. Kategori Ladang *Category of Farmer*

Jenis Ladang <i>Type of Farmer</i>	Sila tandakan <i>Please tick (√)</i>	Nama Syarikat Penaung <i>Name of Company</i>
Kontrak <i>Contract</i>		
Persendirian <i>Independent</i>		

4. Status Tanah *Land Ownership*

Private Land	Owner (Ha)	Tol (Ha)	Tenant	Sub-Tenant (Ha)	Hectares	Unknown
Owner		Tol		Tol		
Tenant		Sub-tenant		Sub-tenant		
Squatter		Squatter		Squatter		

5. Human Resources in Farm

Kategori (Category)	Number of staff	Health record Please tick (√) If Available	Training record Please tick (√) If Available
Pengurusan (Management)			
Penyeliaan (Supervisory)			
DoKtor Veterinar (Veterinarians)			
Pekerja Ladang (Farm workers)			
Others			

6. Pengeluaran (per batch/bulan/tahun) (*Production (per batch / month/year)*)

Pengeluaran	Bil.(per batch / month/year)
Pengeluaran <i>Output</i>	Maximum Numbers:
	Minimum Numbers:
If Export, please state	Maximum Numbers:
	Minimum Numbers:

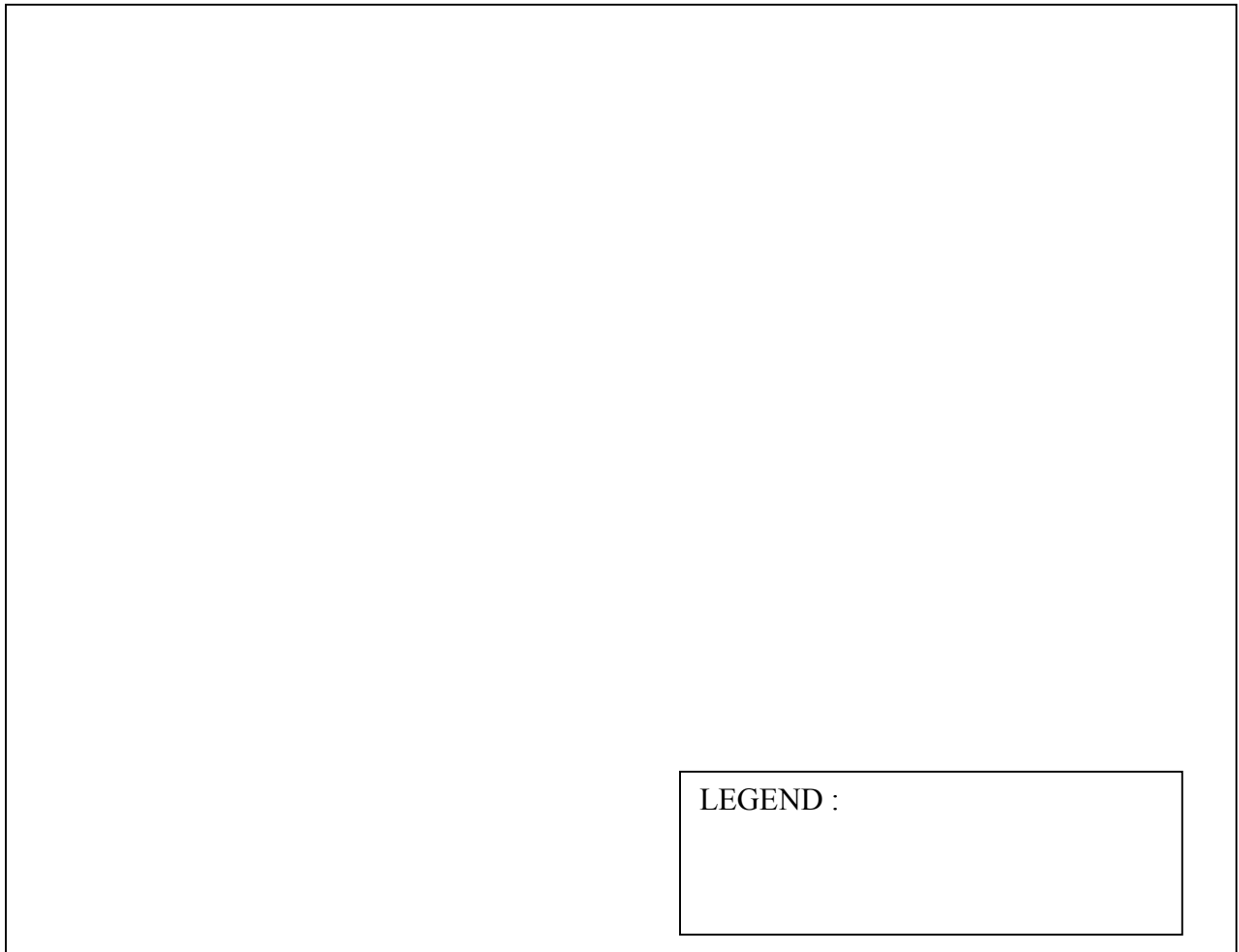
B) INFRASTRUKTUR & KEMUDAHAN LADANG
(INFRASTRUCTURE AND FARM FACILITIES)

1. FARM LOCATION

Land status : private / statutory body / state
Land ownership : lease hold / free hold
Size area : _____ acres / hectares / ft²
Nearest housing : _____ metres
Nearest farming : _____ metres
Other plantations surrounding farm area : oil palm / rubber estate / cocoa / coconut tree / _____
Accessibility to farm via highway / paved road / lane / _____

Farm Location Layout

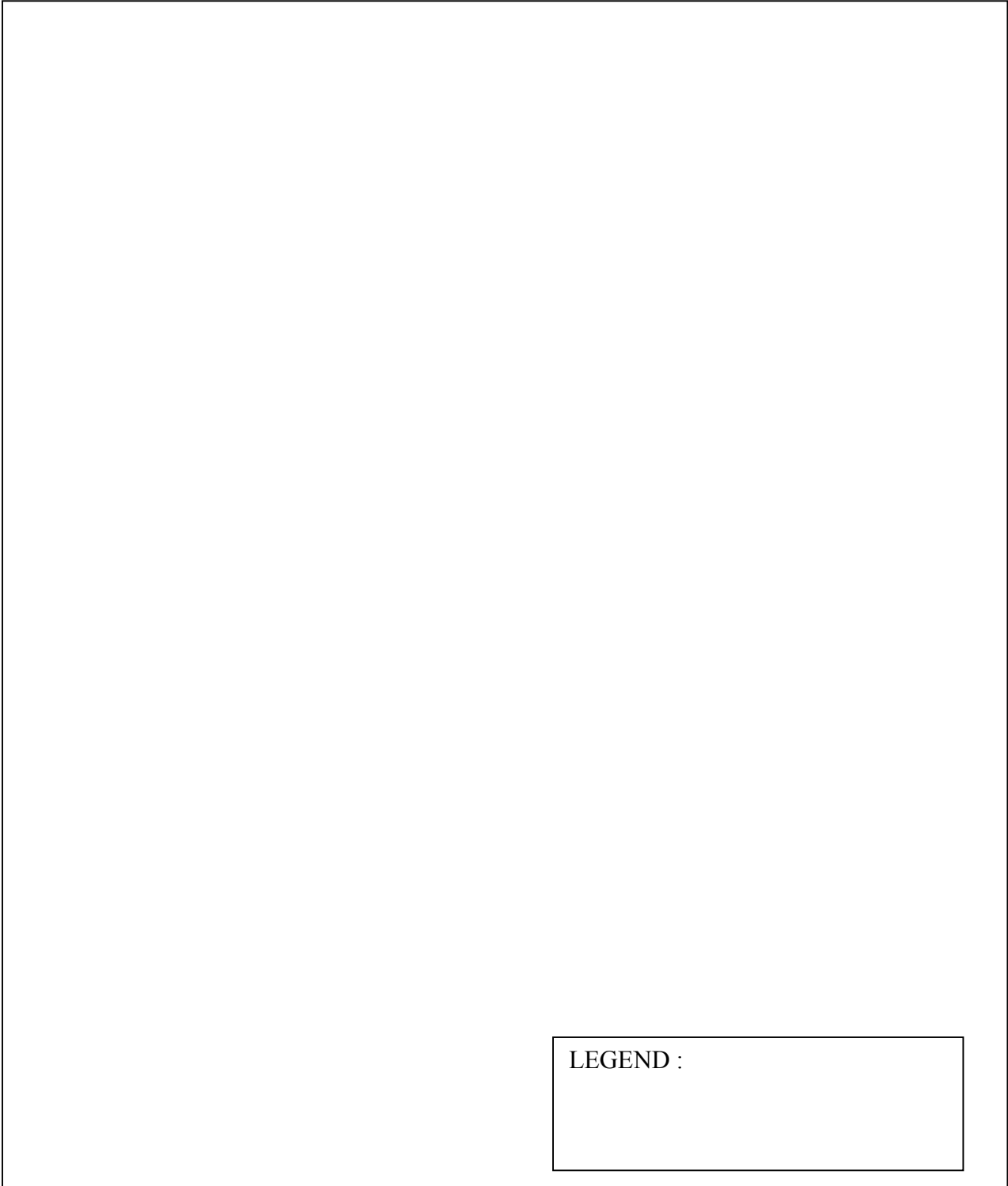
Pelan lokasi ladang yang menunjukkan persekitarannya.
(A copy of farm location plan showing the surrounding area)



LEGEND :

FARM LAYOUT PLAN

Pelan ladang yang menunjukkan kemudahan asas dan pemagaran di ladang.
(*A copy of farm layout plan with farm facilities and fencing*)



LEGEND :

2. Aliran proses di ladang & gambar kemudahan ladang
(*Process flow in farm & photographs of farm facilities/*)

Contoh:

Penerimaan anak ayam/itik

Brooding

Starter

Vaccination program

Grower

Marketing/ Finisher

Layer/Breeder

Carcass disposal

Hatchery

Vehicle Spray

Food-dip

Store – feed, vaccine, drugs, chemical

Quarters

Water reservoir

Generator

3. Jenis Reban *Type of Housing* (Please tick (√))

	Single Storey	Raised Floor	Double Storey	Battery cages (No. of Tiers)
Open-Housed				
Close-Housed				

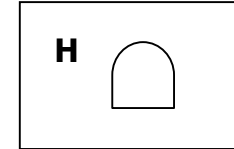
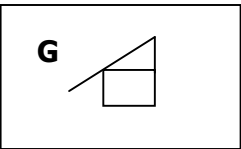
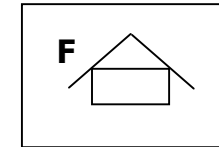
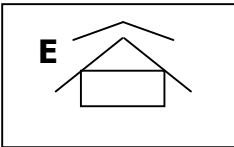
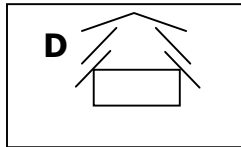
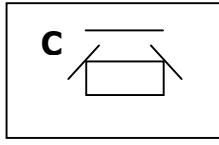
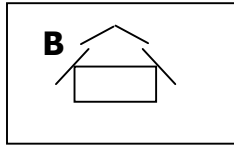
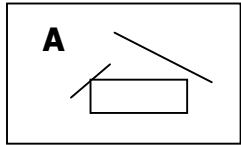
a. Jenis dan saiz reban di ladang

House Code	Length (m)	Width (m)	Height (m)	Wall Height (m)	* (A) Roof angle pitch	Year Built	Type of house		* (B) Floor System	* (C) Roof Material
							Close	Open		

* Petujuk: Sila rujuk muka surat seterusnya

*** Petunjuk:**

(A) Roof Angle Pitch



(B) Floor system

Deep Litter	DL
Complete Slatted	CS
1/3 Deep litter	1/3DL
2/3 Deep litter	2/3DL

(C) Roof Material

Attap	AT
Asbestos	AB
Aluminium	AL
Corr. Zinc	ZN

C) PENGURUSAN SUMBER LADANG *MANAGEMENT OF FARM SOURCES*

1. TERNAKAN *ANIMALS LIVESTOCK*

1.1 Sumber Ternakan

Contoh rekod populasi/ kemasukkan ternakan (Sila lampiran jika ruang tidak mencukupi)

Breed	Source (Jika dari sumber tempatan, sila nyatakan no estb. SALT)	Date Arrival	No. of Stock on arrival		Stock To-Date
			Breeder	Broiler/Layer	

2.2 Pengurusan ternakan *Management (Please Tick (√))*

Rearing	Separate sex	
	Mix	
Feeding	Manual(Hanging Feeder)	
	Mechanised with silo	
	Mechanised without silo	
	Other	
Drinkers	Trough	
	Bell	
	Nipple	
	Other	
Ventilation	Fan	
	No Fan	
Cooling System	Fan	
	Cooling Pad	
	Rooftop water spraying	
	Mist Spray inside house	
	Manual spraying	

3.3 Pencapaian Performance
 (* Sila isikan pada ruang yang berkaitan)

*** Broiler Performance**

Parameters		Unit	
Broiler Performance (Average)			
Marketing Age-Male (Average)		Days	
Marketing Age- Female (Average)		Days	
Average Weight Male (Marketing Age)		Kg	
Average Weight - Female (Marketing Age)		Kg	
Mortality Male To (Marketing Age)		%	
Mortality Female To (Marketing Age)		%	
Average Feed Consumption	Mix Rearing	Kg	
	Separate Sex Rearing	Average Male	Kg
		Average Female	kg

*** Layer/Breeder**

Layer/Breeder Performance (Average)		
Age at 5 % Production		Wks
Age at Peak Production		Wks %
Culling Age		Wks
Hen – Day Production		%
Hen – Housed Production		%
Mortality/Cull before Lay		%
Mortality/Cull at Lay		%
Fertility % (candling result)		%
Hatchability of Fertile Eggs		%
Hatchability on Egg Set		%

*** NUMBERS OF SETTERS / HATCHERS & CAPACITIES (BREEDER)**

SETTERS (MODEL)	SETTING/ HATCHERS CAP. PER UNIT	TOTAL UNITS OF SETTERS/ HATCHERS	UNITS OPERATING	REMARKS

1.3.4 * FREQUENCY OF HATCHING & HATCHING DAYS (BREEDER)

Frequency of hatching per week	Broilers	Pullet	Day of Week	(√)
1			Sunday	
2			Monday	
3			Tuesday	
4			Wednesday	
5			Thursday	
6			Friday	
7			Saturday	

1.3.5 *AVERAGE MONTHLY CHICK PRODUCTION (BREEDER)

Month	No. of Day-Old Chicks	No. of Export		No. of Chicks DOD destroyed	Remarks
		DOC	Fertile eggs		
January					
February					
March					
April					
May					
June					
July					

August					
September					
October					
November					
December					

2. SOURCE OF FEED (Please tick (✓))

SOURCE OF FEED		Practised GMP	Non - GMP
Self Mixed			
Commercial Feed (Name of supplier)	1. 2. 3.		

● Please attach documents from Feedmills on quality control

Feeding regime	Type of feed	Age
	Starter	Day-old todays
Grower daysdays	
Finisher daysdays	
Layer daysdays	
Breeder daysdays	

3. ELECTRICITY SUPPLY (Please tick (✓))

Electricity	T.N.B	
	Own	
	Nil	
	Others	

Water	Own	Open Pond	
		Underground Well	
		Others	
	JBA		

D) PENGURUSAN BIOSEKURITI DI LADANG (FARM BIOSECURITY MANAGEMENT)

1. Fencing

i. Fencing (Please tick (√))

Perimeter	Complete	
	Partial	
Production Unit	Complete	
	Partial	

ii. Facilities set – up in front air outlet to reduce odour from close houses (Please tick (√))

Facility	Please tick (√)
Trees/plants	
None	
Others (Please specify)	

iii. Disinfection (Please tick (√))

Vehicle	Manual Spray	
	Manual high pressure spray	
	Open wheel-dip	
	Covered wheel-dip	
	Covered-wheel-dip with spray(automatic)	
Footbath to the production unit	Randomly place	
	Entrance to every house	
Shower (Personnel)	Before entering the farm	

iv. Working Uniform (Please tick (√))

	Staff	Visitor
Boot / Footwear		
Uniform		

v. Length of Shed Kept Empty (Please tick (√))

Less than 2 weeks	More than 2 weeks

vi. Type of Chicken (Please tick (√))

One type only	More than one type

Vii Age group of Chicken (Please tick (√))

One age group	Many age groups

E) PENGURUSAN SANITASI LADANG (Farm Sanitation Programmes)

TYPE OF DISINFECTIONS AND SANITISERS USED

	Type of Disinfectant	Concentration used
Sheds - when empty		
Sheds - with birds		
Equipment		
Foot Bath		
Vehicles spray		
Personnel spray		
Poultry cages/crates		
Water		

F) PROGRAM KESIHATAN TERNAKAN (ANIMAL HEALTH PROGRAMMES)

1) Vaccination Programmes

Disease/Vaccine	Age in days					* Method of application		Remarks

* Method of application:

WATER = W

SUBCUTANEOUS INJECTION = SC

SPRAY = SP

WING WEB = WW

BEAK DIPPING = BD

EYE DROP = ED

NOSE DROP = NP

2) Medication

- i. Routine drugs normally **used** against stress/disease prevention including drugs used in feed and water

Type of drug	Age administered	Duration (in days)	Purpose for usage	Withdrawal period	Supplier

- ii. Type of drugs normally **stored** in farm/used for specific disease control -other those in (i)

Type of drug	Purpose of usage	Withdrawal period	Remark

3) Disease Monitoring Programmes

1.1 Disease Outbreak status In Farm - Past One Year

When the mortality%, will inform the DVS (*Please refer to the Penyakit Wajib Lapor, DVS*)

Disease	No. of flock affected	Total mortality

2.2 Services and Advices On Farm Animal Health

i. Farm Veterinarian

Yes Permanently Employed
 No Ad – hoc basis

ii. Other Source of services and Advices

a) JPV

b) Private Sector :

Feedmill Company
 Vaccine Company
 Drug Company
 Others

3.3 Sampling Programme

Type of Sample	Frequency of Sampling		
	Monthly	Ad-hoc	Others(specify)
Serum			
Setter/Hatcher Swabs			
Environmental sampling on chicken house			
Feeds			
Water Source			

4.4 Post Mortem (Please tick (√))

Done on all	Sick bird	Dead bird
Done on ad- Hoc basis		

4.3.1 Post Mortem Findings

(Please attach reports on significant findings)

Month	No. of Birds	Samples submitted to the Lab	Lab findings/ results

5.5 Drug Sensitivity test findings
(please attach copy of records)

Date/ Month	Type of antibiotics tested (Please List)	Findings(sensitive/resistant) (Please tick(√))
		<input type="radio"/> Sensitive
		<input type="radio"/> Resistant
		<input type="radio"/> Sensitive
		<input type="radio"/> Resistant
		<input type="radio"/> Sensitive
		<input type="radio"/> Resistant

6.6 Serological test findings (Post Vaccination)
(please attach copy of records)

a. Sample Size

Percentage of birds	Number of birds
1 % of birds / flock	
2 % of birds / flock	
5 % of birds / flock	
> 10 % of birds / flock	

b. Results/findings

(please attach copy of records)

Month		Test conducted and results				
		ND	IBD	IB	EDS	Others (specify)
	Test Done					
	Protective					
	Non-Protective					
	Test Done					
	Protective					
	Non-Protective					
	Test Done					
	Protective					
	Non-Protective					

3.7 Monitoring of SE and VRE
(please attach copy of records)

Date / Month	Result (Positive or Negative)	
	SE	VRE

G) ENVIRONMENTAL MANAGEMENT

1. Farm Waste Management

a. Disposal Of Dead Birds And Manure

i. Dead Birds (Please tick (√))

Incinerator	Burn	Pit	Bury	Others(specify)

ii. Manure (Please tick (√))

CSW	CNDS	CMDS	CBDS

Note: CWS - Collect, sell (wet)
CNDS - Collect, naturally dried and sell
CMDS - Collect, mechanically dries and sell
CBDS - Collect, biologically dried and sell

iii. Frequency of Manure Disposal From Each House (Please tick (√))

Every week	Every Two Weeks	End of Every Production Cycle	Others (specify)

2. Fly and Odour Control

i. Control by Chemical methods

Problem	Chemical used	Application method
Fly larva		
Adult fly		
Odour		

ii. Odour control by feeding/ drinking methods

Method Used	Please tick (√)	Items used (please specify)
Feeding		
Drinking		

H) PENGURUSAN MAKHLUK PEROSAK (PEST CONTROL PROGRAMMES)

i. Monitoring of wild birds and other animals on farm premise

Type of animals seen	(Please tick (√))
Rodents	
Doves/ Pigeons	
Monitor Lizards	
Migratory birds	
Others (specify)	

ii. SOP pest control programme

Type of animals seen	Jenis racun	Cara penggunaan
Rodents		
Doves/ Pigeons		
Monitor Lizards		
Migratory birds		
Others (specify)		

iii. Record

Please attached the pest control record

I) PARTICULAR OF EXPORTER

Name of Company	
Address	
Phone Number	
Fax Number	
Exporter Code Number	

Applicant Signature :

Full Name :

IC/Pasport No. :

Date :

Company Official Stamp:

Checked and Verified by,

.....
(Registered Veterinarian)

Name :

Registration No. :

Company :