



2017 Chick Chain Project
Home Visitation Report



4-H Youth: _____

Date: _____

County: _____

GENERAL

Sign displayed properly Yes No

Parent Present at time of Visit Yes No

Parent initials: _____

Week of production: _____

Breeds: _____

Death Loss: _____

BIOSECURITY

Is the biosecurity poster posted? Yes No

Is biosecurity being followed? Yes No

Remarks: _____

Check present sanitation control measures: Isolation Dedicated Footwear Foot Bath

Anti-Bacterial Biosecurity Plan Posted

Remarks: _____

PARTICIPANT SAFETY

Is the location of the facility near the home? Yes No

Are there any obstacles that are unsafe around the feed storage or housing facility? Yes No

Is there a door or gate into the coop or run? Yes No

During the visit was there any unsafe activity observed? Yes No

Remarks: _____

FACILITIES

Please examine the presence and adequacy of the following:

- Shade Perch Nest Box Ventilation Feeder Drinker
 Bedding Space

Remarks: _____

Check to make sure there is protection from the following:

- Sun Wind Predators (ground and overhead) Theft Cold Moisture

Remarks: _____

CLEANLINESS

Feeders

- Over Flowing Yes No
Free of Droppings and Trash Yes No
Perching Prevented on Feeder Yes No
Elevated to Proper Height Yes No
Hanging Yes No

Drinkers

- Fresh Water Available Yes No
Proper Size Yes No
Free of Contaminants Yes No
Elevated to Proper Height Yes No
Hanging Yes No

Remarks: _____

Is the feed properly stored? Yes No Complete Ration? Yes No

% Protein: _____

Evidence of Feed Dilution: Table Scraps Whole Grain Excess Forage and Scratch Space

Remarks: _____

BIRD HEALTH

Condition of the Birds

- Bright and Active Huddled and Sleepy Eyes Watering
 Labored Breathing Watery or Bloody Diarrhea

Deformities

- Crooked Beak Crooked Toe(s) Blindness Lameness
 Crooked Neck Crooked Back Crooked Keel

Remarks: _____

4-H AND RECORD KEEPING

- Participant's Attitude Toward Project: Proud Excited Quiet Negative

Remarks: _____

Record Keeping Efforts:

- Record Book Present Receipts Kept Time Logged Pictures Taken

Remarks: _____

4-H Participant Signature

Date & Time

4-H Extension Agent/Volunteer Signature

Date & Time