

**AQUATIC ANIMAL HOLDING SITE DETAILS FORM
PERSUANT TO
THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009**

The Aquatic Animal Health (Scotland) Regulations 2009 ('the 2009 Regulations') require all Aquaculture Production Businesses (APB's) to be authorised by Scottish Ministers and all non-commercial aquaculture production businesses (NCB's) to be registered with Scottish Ministers. Details of individual sites operated by APB's and NCB's are also registered by the Scottish Ministers in the context of that authorisation / registration process. Please read the accompanying guidance notes before completing this form in respect of each site owned or to be operated by the authorised APB or registered NCB.

(Read our [privacy notice](#) to find out what we do with your information.)

1. Business details

Business name	
Business authorisation/ registration number	

2. Aquatic animal holding site manager details

Site manager title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
Site manager name(s) (in full)						
Site postal address						
				Postcode		
Telephone no				Fax no		
Other telephone no				Mobile no		
e-mail						

3. Aquatic animal holding site contact person details (if different from site manager)

Site contact title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>
Site contact name(s) (in full)						
Position						
Telephone no						
Other telephone no						
Mobile no						
Fax no						
e-mail						

4. Aquatic animal holding site details

Site name					
Site location					
Site grid reference (please attach a map clearly showing the boundaries of the site)					
Shore base grid reference (If applicable)					
Is this a several order site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Title
Government Region (pre 1997)					
Unitary Council Area					
Local council planning reference number					
District Salmon Fisheries Board (DSFB)					
Fisheries trust					

5. Water supply(s) and Recirculation type(s) – Please select all appropriate Options

Freshwater	Type	(✓)	Supply disinfected at intake (✓)	Name of water supply or location
	River	<input type="checkbox"/>		
Borehole	<input type="checkbox"/>			
Spring	<input type="checkbox"/>			
Stillwater	<input type="checkbox"/>			
Piped Still Water	<input type="checkbox"/>			
Mains	<input type="checkbox"/>			
Partial re-circulation	<input type="checkbox"/>			
Full re-circulation	<input type="checkbox"/>			

Seawater	Type	(✓)	Supply disinfected at intake (✓)	Name of water supply or location
	Tidal	<input type="checkbox"/>		
Pumped	<input type="checkbox"/>			
Artificial	<input type="checkbox"/>			
Partial re-circulation	<input type="checkbox"/>			
Full re-circulation	<input type="checkbox"/>			

6. Stock details

Species held	Stage (code)	Facility (code)	Facility description	No of Facilities

Please provide a date for initial stocking of the site

7. Biosecurity measures and site practices

Is effluent from the site disinfected prior to discharge?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details (including method, type of disinfectants used, product names, % active ingredient, concentration and contact times)					
Point of effluent discharge (if known please detail OS grid ref or lat / long co-ordinates)					
Please detail the method and frequency of mortality / animal waste removal					
Method of mortality / animal waste storage and disposal					
Destination of mortalities / animal waste					
Does this site have any common processes with other aquatic animal holding sites relating to mortality/ animal waste collection / disposal?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail					
Is this site a collection point for mortalities / animal waste for other aquatic animal holding sites?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a comprehensive written biosecurity plan and/or veterinary health plan in place for this site? (If yes, please enclose a copy)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are suitable measures in place to maintain the physical containment of the stocks on site?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will suitable records be maintained of-	Movements of aquatic animals and products thereof, into or out of the site	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Mortality in each facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Results of the site's risk-based animal health surveillance scheme	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will live aquatic animals be moved onto the site from other countries / health zones?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail the country and the names of suppliers	Country	Name of supplier			

Please detail how many individual live aquatic animal movements will be made off site in a normal production cycle. If more than 10 movements, please state '>10'				
Please detail the number of destinations live aquatic animals will be moved to. If more than 10 movements, please state '>10'				
Will any processing of aquatic animals take place on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are unpasteurised feeds used on the site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any equipment / are any staff at this site shared with other sites?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please detail what is shared and whether disinfection is carried out between sites				
If this is a cage site, are the cages used compliant with all applicable Health and Safety Executive requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			N/A	<input type="checkbox"/>

Has this site been transferred from another business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date of transfer				
Previous business name				
Previous business authorisation / registration No				

REGULATION 12(4) AND 12(5) OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 MAKE IT AN OFFENCE FOR AN OPERATOR (OF A NCB) TO FAIL TO NOTIFY SCOTTISH MINISTERS, IN WRITING, OF ANY CHANGE TO INFORMATION SUPPLIED IN THIS APPLICATION, WITHIN 30 DAYS OF THE CHANGE.

REGULATION 9 OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 REQUIRES OPERATORS (OF APB's) TO APPLY TO SCOTTISH MINISTERS, IN WRITING, FOR ANY AMENDMENT TO INFORMATION SUPPLIED IN THIS APPLICATION, PRIOR TO THE AMENDMENT.

For this purpose, it is recommended that a copy of your application is retained for your records.

REGULATION 8(5) AND REGULATION 12(6) OF THE AQUATIC ANIMAL HEALTH (SCOTLAND) REGULATIONS 2009 MAKE IT AN OFFENCE FOR A PERSON TO PROVIDE INFORMATION OR MAKE A STATEMENT IN AN APPLICATION THAT IS FALSE, AND WHICH THAT PERSON KNOWS OR SUSPECTS IS FALSE.

Please indicate if (✓) the following have been included:	Map showing site / unit location		<input type="checkbox"/>
	Copy of the site biosecurity or veterinary health plan		<input type="checkbox"/>
I declare that the information I have supplied is accurate to the best of my knowledge.			
Signature:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Position held:	<input type="text"/>

For official use only

Site no:	<input type="text"/>	Bus reg/ auth no:	<input type="text"/>	Date of site registration	<input type="text"/>
COGP MA	<input type="text"/>	Management area	<input type="text"/>	Control status	<input type="text"/>
Surv. freq.	L <input type="checkbox"/>	M <input type="checkbox"/>	H <input type="checkbox"/>	N/a <input type="checkbox"/>	FHI compliant
Site status	<input type="text"/>	Site category	<input type="text"/>	Signed to COGP	Yes <input type="checkbox"/>
				No <input type="checkbox"/>	N/a <input type="checkbox"/>