

Shellfish Mortality Reporting Form

CONFIDENTIAL



Licence Holder:		Designated Aquaculture Veterinarian (if applicable):	
Body of Water (Bay):		Species Cultivated on Site:	
Licensed Aquaculture Facility – MS # <u>or</u> IS #:		Inventory (in units) associated to the Year or Size Class(es) on Site:	
Date of Identification of Mortality Event:		Date Report Submitted to Chief Veterinary Officer:	
<p>Under the Aquaculture Act, Section 59(3), referring to the <i>Aquaculture Products Health and Welfare Regulation (2022-30)</i>, Section 2 – Definitions, “mortality event” means, in relation to a site, unexpected death that qualifies as a mortality event referred to in section 59 of the Act. In the case of shellfish, an event is further defined as mortality in excess of 15% of stock (individuals) over a 12-month period. Though mortality events may be expected, such as seen in spat, or after a storm event, mortality that exceeds 15% over the entire site shall be reported. As per Section 5(2) of the Regulation, a mortality event shall be reported within 24 hours after identification. Licence Holders are to utilize <u>this form</u>, which can be submitted to the Chief Veterinary Officer (CVO) via email: AQUA_CVO_CSV@gnb.ca.</p>			
SIGNATURES			
By signing below, you confirm that the information provided in this report is true and complete to the best of your knowledge.			
Licence Holder or Representative:		Date:	
Designated Aquaculture Veterinarian (if applicable):		Date:	

1.	Was the mortality event over any 12-month period or was it the result of a single event?	<input type="checkbox"/> 12-Month	<input type="checkbox"/> Single Event
Indicate the percentage of mortality of the shellfish population cultivated at the site related to the mortality event:			_____ %
2.	Was the cause of the mortality elevation or event investigated by a veterinarian or a diagnostic laboratory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES , indicate what was determined to be the cause:			
If NO , describe what is believed to be the cause:			
3.	Were any Shellfish Hazards detected prior to or during the mortality event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If any Part 1 or Part 3 Shellfish Hazards have been suspected or identified, has a Shellfish Hazards Reporting Form been completed and submitted to the DAAF CVO?		<input type="checkbox"/> YES	<input type="checkbox"/> NA <input type="checkbox"/> NO