



REPUBLIC OF KENYA

MINISTRY OF AGRICULTURE, LIVESTOCK AND FISHERIES  
STATE DEPARTMENT OF LIVESTOCK  
*Office of the Director of Veterinary Services*

## KENYA SPS RISK ASSESSMENT QUESTIONNAIRE

### INFORMATION ON SEMEN PRODUCTION FACILITY

#### 1. General Information

(Please attach Facility Profile)

- a) Name of facility: \_\_\_\_\_
- b) Address: \_\_\_\_\_
- c) Telephone Contact: \_\_\_\_\_
- d) E-mail address: \_\_\_\_\_
- e) GPS location: \_\_\_\_\_
- f) Centre establishment date: \_\_\_\_\_
- g) Is facility Approved by the Veterinary Authority: \_\_\_\_\_
- h) Centre Approval No: \_\_\_\_\_
- i) Approved Centre Veterinarian: \_\_\_\_\_
- j) Contact person: \_\_\_\_\_
- k) Species of Animals kept in Centre: \_\_\_\_\_

#### 2. Particulars of Centre

- a) Provide a detailed plan of the facility, indicating surrounding structures and it must accompany this form completed by Veterinary Authority.
- b) Comment on the location of the centre in relation to other livestock enterprises in the immediate surroundings

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- c) Describe the following areas in semen collection facility
  - i. Animal accommodation facilities

- ii. Semen collection
- iii. Semen laboratory
- iv. semen storage areas
- v. Feed storage and source of feed
- vi. Disposal of waste material
- vii. isolation for sick animals

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d) Describe the Pre-entry isolation facility

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**3. Movement control and bio-security**

Describe the following;

- a) control of entry into the Centre for
  - i. Approved animal species
  - ii. Employees
  - iii. Visitors
  - iv. Others

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b) the fence(s) surrounding the Centre

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c) the gates providing access to the centre and their controls

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d) comment on the insect and rodent control program

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e) Describe general hygiene practices in the centre

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**4. Health status- comment on the following;**

- a) Identification of the animals,
- b) source of the animals,
- c) Any disease outbreak in the last one year.

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d) The centre must not be under any veterinary restrictions and must not be situated in an infected zone, created for the following diseases: Foot and Mouth Disease, Vesicular Stomatitis, Contagious Bovine Pleuropneumonia, Brucellosis, Tuberculosis, Paratuberculosis, BSE

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e) Describe the disease control program in the centre

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f) Provide the testing programme for the following diseases for animals in the centre

- i. Brucellosis \_\_\_\_\_
- ii. Tuberculosis: \_\_\_\_\_
- iii. BVD \_\_\_\_\_
- iv. IBR \_\_\_\_\_
- v. Campylobacter: \_\_\_\_\_
- vi. Trichomoniasis: \_\_\_\_\_
- vii. Blue tongue: \_\_\_\_\_
- viii. Leptospirosis : \_\_\_\_\_

**5. Operations**

a) How often is the facility inspected: \_\_\_\_\_

- b) Who does the inspection: \_\_\_\_\_
- c) Provide details of staff of centre(number, qualification and competency trainings)  
\_\_\_\_\_
- d) Procedures for entry and exit of animals to the centre  
\_\_\_\_\_
- e) Stud size and structure in terms of breeds and ages  
\_\_\_\_\_
- f) Availability of Standards Operation Procedures in all areas of operations  
\_\_\_\_\_
- g) Semen Production capacity of the center  
\_\_\_\_\_
- h) Describe the semen quality assurance system  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- i) Comment on various records kept in the centre  
\_\_\_\_\_
- j) Indicate the countries where semen has been exported to in the last one year  
\_\_\_\_\_

## 6. Declaration by Centre

I declare that the information given above is true and correct. The company undertakes to comply with all requirements of the approval authority of the importing country

Signature \_\_\_\_\_

Company Name and Stamp \_\_\_\_\_

Name and Designation \_\_\_\_\_

Date \_\_\_\_\_

## 7. To be filled by the Veterinary / Regulatory Authority of Exporting Country

Country: \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature and Official Stamp

Date: \_\_\_\_\_

**8. For Official Use Only (DVS Kenya)**

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature and Official Stamp

Date: \_\_\_\_\_

DIRECTORATE OF VETERINARY SERVICES

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