

**Form MP-2. Inspection Report.**

**FISH HEALTH INSPECTION REPORT**

**Agency Name**  
**Fish Health Inspection Report**

This report is not evidence of future disease status. To determine current status, contact Fish Health Official below.

Name and Location of Facility or Waterbody:	Owner/Manager/Contact:	Inspection Date(s):
		This:
		Prior:
		Classification:

Type of Water Supply: Well/Spring
Origin of Fish Examined: Hatchery
Type of Fish Examined: Salmonid

Species <sup>2</sup>	Designation	Lab Report #	Age	Number in Lot	Obtained as Eggs (E) or Fish (F) From:	Pathogens Inspected for and Results						
						<i>As</i>	<i>Yr</i>	<i>Rs</i>	VHSV	IHNV	IPNV	MC

Remarks/Recommendations:	Address/Phone of Contracted Fish Health Official	Signature of Contracted Fish Health Official



HATCHERY INSPECTION HISTORY AND  
DETAIL

Year	Pathogen(s)	Notes

**Pathogen Abbreviations**

IHNV	Infectious Hematopoietic Necrosis Virus	IPNV	Infectious Pancreatic Necrosis Virus
VHSV	Viral Hemorrhagic Septicemia Virus	As	(BF) <i>Aeromonas salmonicida</i> (furunculosis)
Rs	(BK) <i>Renibacterium salmoninarum</i> (BKD)	MC	<i>Myxobolus cerebralis</i> (whirling disease)
Yr	<i>Yersinia ruckeri</i> (ERM)	X	Other (see remarks box)
Y	Other (see remarks box)	Z	Other (see remarks box)

**Species Abbreviations**

ATS	Atlantic Salmon	BKT	Brook Trout	BNT	Brown Trout	WAE	Walleye
COS	Coho Salmon	RBT	Rainbow Trout	LAT	Lake Trout	NOP	Northern Pike
CHS	Chinook Salmon	STT	Steelhead	SPL	Splake (Brook x Lake)	STN	Sturgeon
OSA	Other Salmonids	Mixed	Mixed Species	Mixed	Mixed species	MUS	Muskellunge