

INTERVENTION PLAN



Operation name: _____

Requirement not met: _____
(i.e., mortality, keel bone assessment, air quality)

Flock ID: _____

Date: _____

Actual level observed: _____
(i.e., mortality levels, keel bone deformity levels, air quality score)

| Intervention plan questions: | Operation's response: |
|--|-----------------------|
| Why has the problem occurred? | |
| What actions have been put in place to resolve the issue now? | |
| What actions have been put in place to ensure this does not happen again with future flocks? | |