



Initial Notification
Aquaculture Reportable Disease or Mortality Event

Reportable Disease []

Abnormal Mortality []

Date Reported to AAHD/AD: _____

Time Reported to AAHD/AD: _____

Company Name: _____

Company Contact Information: _____

Site Affected (AQ # and Name): _____

Species Affected: _____

Risk Assessment:

Table with 4 columns: Reportable Disease Event, Abnormal Mortality Event, Reportable Disease, Probable Cause, Number of Fish Tested, Suspected Number of Mortalities, Number of Fish Tested Positive, Outcome of Risk Assessment Matrix, Number of Cages Tested Positive, Action Required.

Details Provided by the Operator:

Four horizontal lines for operator details.

FLR Review and Determination:

Four horizontal lines for FLR review and determination.

Additional information required by the company? Yes No

Public reporting required by the company? Yes No

Prepared by: *[Insert Employee Name(s), Position]*