KEFRI/F/R&D/03

****

**CLOSED QUARANTINE FACILITY MONITORING FORM**

**CENTRE…………………………………..**

Species……………………………………………

Date Introduced in the closed facility: …………………………….

Place of Origin: ………………….. ……………………….

Proposed Release Date: ……………………………………

Intended Purpose: …………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date checked | Status (e.g. Alive, diseased, hikers… | Number quarantined | Incidences of escape | Corrective action | Remarks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |