KEFRI/F/R&D/04

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**OPEN QUARANTINE FACILITY MONITORING FORM**

**CENTRE…………………………………..**

Species……………………………………………

Date introduced in the open facility: …………………………….

Place of Origin: ………………….. ……………………….

Proposed Release Date: ……………………………………

Intended Purpose: ………………………………………………………………….

Location of open quarantine County……………….. Sub-county………………..

GPS location of the open quarantine: ……………………………

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