

Producer Preparedness Biosecurity Form

The Vermont Agency of Agriculture, Food, and Markets (VAAFAM) is encouraging poultry owners to complete this Biosecurity Preparedness form. This form collects information that will be required for VAAFAM to permit farms to move poultry and poultry products, livestock, equipment, farm products (i.e. milk), and production related conveyances on and off of the property in the event of an HPAI outbreak. The form can be returned to VAAFAM via email, mail, or fax:

- http://agriculture.vermont.gov/animal_health
- Email: agr.animalhealth@vermont.gov
- Mail: VAAFAM Animal Health Section, 116 State Street, Montpelier VT 05620
- Fax: (802) 828 5983

This form is designed for all poultry production types and not all questions may apply to all poultry owners. Therefore, complete the areas that are applicable to you and your flock and leave blank those sections that do not.

Thank you for taking the time to fill out this form prior to an outbreak of avian influenza in Vermont.



Date: _____

Interviewer name/organization: _____

Interviewee name/organization: _____

A. PREMISES INFORMATION

Farm name: _____

Farm address: _____

Farm (premises) ID: _____ County: _____

Township: _____ Range: _____ Section: _____

Is facility enrolled in NPIP?..... ₁ Yes ₃ No

B. PREMISES CONTACT INFORMATION

1. Contact name: _____

Phone: _____ Cell phone: _____ Email: _____

2. Contact name: _____

Phone: _____ Cell phone: _____ Email: _____

3. Contact name: _____

Phone: _____ Cell phone: _____ Email: _____

4. Flock Veterinarian: _____

Phone: _____ Cell phone: _____ Email: _____

C. PREMISES DESCRIPTION

1. Poultry type: ₁ Broiler ₂ Layer ₃ Turkey ₄ Other (specify: _____)
2. Production type: ₁ Meat ₂ Egg ₃ Breeding ₄ Other (specify: _____)
3. Age: ₁ Multiple age ₂ Single age
4. Sex: ₁ Hen ₂ Tom ₃ Both
5. Flock size: _____ # birds
6. Facility type: *[Check all that apply]*
 - Brood
 - Grow
 - Other (specify: _____)
 - Both brooder & grower houses are present on the same premises
 - Breeder
 - Commercial
7. If brooder and grower houses are present on the same premises, are there multiple stages of management (brooding and growing), in the same house? ₁ Yes ₃ No
8. Farm capacity _____ # birds
Number of barns _____ # barns
Barn capacity _____ # birds
9. What is the **primary** barn type/ventilation: *[Check one only.]*
 - ₁ Curtain sided
 - ₂ Environmental control
 - ₃ Side doors
 - ₄ Other (specify: _____)
10. Are cool cell pads used? ₁ Yes ₃ No
If Yes, what is the source of water for these pads? _____
11. Distance in yards of closest body of water near farm: _____ yd

12. Water body type: *[Check all that apply.]*

- Pond
- Lake
- Stream
- River
- Other (specify: _____)

13. What other types of animals are present on the farm?

- a. Beef cattle ₁ Yes ₃ No
- b. Dairy cattle ₁ Yes ₃ No
- c. Horses ₁ Yes ₃ No
- d. Sheep ₁ Yes ₃ No
- e. Goats ₁ Yes ₃ No
- f. Pigs ₁ Yes ₃ No
- g. Dogs ₁ Yes ₃ No
- h. Cats ₁ Yes ₃ No
- i. Poultry or domesticated waterfowl..... ₁ Yes ₃ No
- j. Other (specify: _____) ₁ Yes ₃ No

14. What is the **primary** water source for poultry? *[Check one only.]*

- ₁ Municipal
- ₂ Well
- ₃ Surface water (e.g., pond)
- ₄ Other (specify: _____)

15. Is water treated prior to delivery to poultry? ₁ Yes ₃ No
If Yes, how is it treated and with what? _____

D. FARM BIOSECURITY

1. Is there a house with a family living in it on the property? ₁ Yes ₃ No
2. Is there a common drive entrance to farm and residence?..... ₁ Yes ₃ No
3. Do you have signage of “no admittance” or “biosecure area” on this property? .. ₁ Yes ₃ No
4. Is there a gate to this farm entrance? ₁ Yes ₃ No
5. Is the gate secured/locked? ₁ Yes ₃ No
If Yes, what hours is it secured? _____
6. Is the farm area fenced in?..... ₁ Yes ₃ No
7. How frequently is vegetation mowed/bush hogged on the premises?..... _____ times/month
8. Is facility free of debris/clutter/trash piles? ₁ Yes ₃ No
9. Is there a wash station/spray area available for vehicles? ₁ Yes ₃ No
If Yes, what disinfectant is used? _____
10. Is there a designated parking area for workers and visitors
away from the barns/pens? ₁ Yes ₃ No
11. Is there a changing area for workers? ₁ Yes ₃ No
Do they shower?..... ₁ Yes ₃ No
12. Do workers don dedicated laundered coveralls before entering
each house on the premises?..... ₁ Yes ₃ No
13. Do worker wear rubber boots or boot covers in poultry houses? ₁ Yes ₃ No
14. Are the barn/pen doors lockable?..... ₁ Yes ₃ No
Are they routinely locked? ₁ Yes ₃ No
15. Are foot pans available at barn/pen entrances?..... ₁ Yes ₃ No
Are they in use?..... ₁ Yes ₃ No
16. Are foot baths dry (powdered or particulate disinfectant)? ₁ Yes ₃ No
17. Are foot baths liquid disinfectant? ₁ Yes ₃ No

18. Frequency foot pan solutions are changed? _____ times/month
 What disinfectant is used? _____
19. Is there an entry area in the barns/pens before entering the bird area? ₁ Yes ₃ No
20. What pest and wildlife control measures are used on this farm?
- a. Rat and mouse bait stations ₁ Yes ₃ No
- b. Bait stations checked at least every 6 weeks..... ₁ Yes ₃ No
- c. Fly control used..... ₁ Yes ₃ No
 If Yes, type and frequency: _____
- d. Houses are bird proof ₁ Yes ₃ No
- e. Wild birds seen in house ₁ Yes ₃ No
 If Yes, type, number and frequency: _____
- f. Raccoons, possums, foxes seen in or around poultry houses ₁ Yes ₃ No
- g. Wild turkeys, pheasants, quail seen around poultry ₁ Yes ₃ No
21. Are biosecurity audits or assessments (company or third party) conducted on this farm? ₁ Yes ₃ No
 If Yes, when was the last audit or assessment conducted? _____
 (Obtain a copy of the result of the audit or assessment if available.)
22. Has this farm been confirmed positive for HPAI? ₁ Yes ₃ No

E. FARM HELP/WORKERS

1. Total number of persons working on farm _____ #
2. Number of workers living on the farm premises who are:
- a. Family..... _____ #
- b. Nonfamily..... _____ #

3. Workers are assigned to: *[Check one only.]*

₁ Entire farm

₂ Specific barns/areas

4. Do the workers have a common break area? ₁ Yes ₃ No

If Yes, location: _____

5. Are workers employed by other poultry operations?..... ₁ Yes ₃ No
6. How often are training sessions held on biosecurity for workers?..... _____ times/year
7. Are family members employed by other poultry operations or processing plants? ₁ Yes ₃ No
If Yes, poultry operation or processing plant: _____
8. Do part-time/weekend help and other extended family members on holidays and vacations? ₁ Yes ₃ No
9. Are workers (full & part-time) restricted from being in contact with backyard poultry?..... ₁ Yes ₃ No
How is this communicated? _____

F. FARM EQUIPMENT

Is the equipment used on this premises farm specific, under joint ownership that remains on this premises, or under joint ownership and used on other farm premises? A list of equipment follows.

1. Company vehicles/trailers:
Farm specific? ₁ Yes ₃ No
If No, by whom is equipment jointly used: _____
Dates: _____
2. Feed trucks (excess feed):
Farm specific? ₁ Yes ₃ No
If No, by whom is equipment jointly used: _____
Dates: _____
3. Gates/panels:
Farm specific? ₁ Yes ₃ No
If No, by whom is equipment jointly used: _____
Dates: _____
4. Lawn mowers:
Farm specific? ₁ Yes ₃ No
If No, by whom is equipment jointly used: _____
Dates: _____

5. Live haul loaders:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

6. Poult trailers: Farm specific?

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

7. Pre-loaders:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

Describe pre-loader cleaning and disinfection procedures:

8. Pressure sprayers/washers:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

9. Skid-steer loaders:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

10. Tillers:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

11. Trucks:

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

12. Other equipment: _____

Farm specific? ₁ Yes ₃ No

If No, by whom is equipment jointly used: _____

Dates: _____

G. LITTER HANDLING

1. Litter type: _____

2. Supplier/source: _____

3. Is a litter shed present? ₁ Yes ₃ No4. Do you do partial cleanouts? ₁ Yes ₃ No

If Yes, give dates of last partial cleanout: _____

5. Date of last cleanout: _____ date

Frequency of cleanout: _____ times/month

6. Who does the cleanout?

₁ Grower₂ Contractor

If contractor, name and location _____

7. Litter is disposed of:

₁ On farm₂ Taken off site

If taken offsite, name and location: _____

H. DEAD BIRD DISPOSAL

1. Approximate normal daily mortality _____ # birds
2. How is daily mortality handled?
 - a. On-farm: Burial pit/incinerator/composted/other (specify: _____)
 - b. Off-farm: Landfill/rendering/other (specify: _____)
 - c. Off-farm disposal performed by: Owner/employee/other (specify: _____)
 - d. If burial or compost pits are used, are carcasses covered with soil on a daily basis? ₁ Yes ₃ No
3. Contact name of company or individual responsible for disposal:

If rendering is used, include location of carcass bin on the farm map.
4. What is the pickup schedule? _____
5. Does the carcass bin have a cover? ₁ Yes ₃ No
Is it routinely kept closed? ₁ Yes ₃ No

I. FARM VISITORS

1. How many visitors do you have on a daily basis? _____ #
2. Is there a visitor log to sign in? ₁ Yes ₃ No
Is it current? ₁ Yes ₃ No
3. Do you provide any outer clothing to visitors entering the farm? ₁ Yes ₃ No
If Yes, identify items of clothing provided: _____

4. Mark the following services that were on the farm when this flock was on the farm. List date of service and name of person (or contract company) and if they had contact with the birds.

Service		Dates	Name	Contact?
Service person	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Vaccination crew	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Moving crew (moving from brood to grow, or pullet house to layer house)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Processing plant load out				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Load-out crew (positive flock)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> Yes <input type="checkbox"/> No			
If load-out took more than one night, was returning crew the same crew?				<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Truck #/#'s		_____		
Trailer #/#'s		_____		
What plant did flock go to?		_____		
Load-out crew (flock previous to positive flock)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
If load-out took more than one night, was returning crew the same crew?				<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Truck #/#'s		_____		
Trailer #/#'s		_____		
What plant did flock go to?		_____		
Poult delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Rendering pickup	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Litter services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Cleanout services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No
Equipment shared/rented/loaned/borrowed (each of the categories of visitor is likely to be accompanied by equipment of some sort or another)				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No



Feed delivery Yes No _____ _____ ₁ Yes ₃ No

5. Who makes sure covers are closed after delivery? _____

6. Are feed covers kept closed? ₁ Yes ₃ No

J. WILD BIRDS

1. Do you see wild birds around your farm? Yes No
If Yes, what type of birds? *[Check all that apply.]*
- Waterfowl
 - Gulls
 - Small perching birds (sparrows, starlings, swallows)
 - Other water birds (egrets, cormorants)
 - Other _____
2. Do you see birds all year round? Yes No
If Yes, what type of birds? _____
3. Is there seasonality to the presence of some types of birds? Yes No
If Yes, what type of birds and what seasons do you see them? _____

4. Where are wild birds seen in relation to the farm?
- On adjacent habitats away from facilities and equipment (identify location of habitat on photos)
 - On the farm but not in the barns (identify facilities or equipment birds have contact with)
 - On the farm and sometimes in the barns (identify facilities or equipment birds have contact with)

K. NARRATIVE/COMMENTS

FARM DIAGRAM -Attach a download from satellite imagery if possible. In addition, draw a simple schematic map of the farm site centering with the poultry houses/pens. Identify where the HPAI positive flocks were housed. Also include: fan banks on houses, residence, driveways, public roads, bodies of water, feed tanks, gas tanks, out buildings, waster dumpsters, electric meters, dead bird disposal, parking areas, other poultry sites. Digital photographs, if allowed, are excellent supporting documentation.

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