#

#  STEP 3: BIOSECURITY PLAN TEMPLATE –

#  LIVESTOCK AND POULTRY

Biosecurity actions are needed daily to help ensure the health of your animals. Biosecurity also protects people from diseases that spread from animals to humans.

Biosecurity plans do not have to be complex to work. A plan should address all the ways disease could enter or spread on your operation and describe actions to prevent it.

Use this three-step process to develop your biosecurity program.

* **Step 1**: Fill out the [Movement Risks and Biosecurity](https://www.cfsph.iastate.edu/Assets/step1-movement-risks-biosecurity.pdf) assessment.
* **Step 2**: Fill out the [Self-Assessment Biosecurity Checklist](https://www.cfsph.iastate.edu/Assets/step2-biosecurity-checklist-livestock-poultry.pdf).
* **Step 3**: Use this biosecurity template to write a biosecurity plan. Once written, manage biosecurity actions and train others about what is needed.

*Customize this plan by replacing bracketed text (that looks like this [TEXT]) with information specific to your property.*

[Biosecurity Tip Sheets](https://www.cfsph.iastate.edu/biosecurity/#filter=.biosecurity_tips) provide more information to help you complete this template.

Attach a labeled premises map to the end of this plan. See [Creating a Premises Map for a Biosecurity Plan](https://www.cfsph.iastate.edu/Assets/biosecurity-form-creating-a-premises-map.pdf) to learn how to make and label a farm map.

## FARM INFORMATION

|  |  |
| --- | --- |
| FARM |  |
| WRITTEN/REVIEWED\*  |  |
| WRITTEN/REVIEWED BY  |  |

\*This biosecurity plan will be reviewed and updated annually.

## SCOPE OF BIOSECURITY PLAN

|  |  |
| --- | --- |
| ADDRESS |  |
| GPS COORDINATES  |  |
| PREM ID OR PIN\* |  |

\*Work with your State Animal Health Official to request a free PIN for your premises.

## OWNER (BIOSECURITY COORDINATOR) CONTACT INFORMATION

|  |  |
| --- | --- |
| OWNER  |  |
| PHONE (HOME) |  |
| PHONE (CELL) |  |
| EMAIL |  |

## VETERINARIAN CONTACT INFORMATION

|  |  |
| --- | --- |
| VETERINARIAN |  |
| CLINIC NAME |  |
| PHONE (OFFICE) |  |
| PHONE (CELL) |  |
| EMAIL |  |

## VETERINARIAN CONTACT INFORMATION

|  |  |
| --- | --- |
| VETERINARIAN |  |
| CLINIC NAME |  |
| PHONE (OFFICE) |  |
| PHONE (CELL) |  |
| EMAIL |  |

## VETERINARIAN CONTACT INFORMATION

|  |  |
| --- | --- |
| VETERINARIAN |  |
| CLINIC NAME |  |
| PHONE (OFFICE) |  |
| PHONE (CELL) |  |
| EMAIL |  |

## SPECIES AND BUSINESSES ON THE FARM

|  |  |  |
| --- | --- | --- |
| PRIMARY SPECIES ON THE PROPERTY? | [ ]  BEEF[ ]  DAIRY[ ]  SWINE[ ]  SHEEP[ ]  GOATS[ ]  POULTRY | OTHER:  |
| OTHER SPECIES ON PROPERTY? | [ ]  YES | [ ]  NO |
| IF YES, LIST SPECIES AND NUMBER |  |  |
| OTHER BUSINESSES ON PROPERTY? | [ ]  YES  | [ ]  NO  |
| IF YES, IDENTIFY BUSINESSES(MARK ALL THAT APPLY) | [ ]  PRODUCE STAND[ ]  EGG STAND[ ]  FARM TOURS[ ]  OTHER :  | [ ]  FEED SALES[ ]  FERTILIZER SALES[ ]  COMPOST SALES |

## YOUR FARM’S NEIGHBORING PROPERTIES

|  |
| --- |
| [Describe human, domestic animals and any access to your property or movement on your property.][Attach any protocol like signs placed or frequency of walking perimeter, etc.] |

## PROTECTING THE HERD/FLOCK

|  |  |
| --- | --- |
| FARM ACCESS IS LIMITED TO PROTECT THE HERD/FLOCK.  | [ ]  YES [ ]  NO |
| ACCESS POINTS ARE LABELED ON THE AERIAL FARM MAP AT THE END OF THIS PLAN  | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |
| NUMBER OF FARM ACCESS POINTS  |  |
| TYPE(S) OF ACCESS POINT BARRIERS [FOR EXAMPLE: FENCE, GATE, ETC.] |  |
| LANGUAGE(S) USED FOR ACCESS POINT SIGNS  |  |
| INFORMATION INCLUDED ON ACCESS POINT SIGNS [WHAT WRITTEN LIKE PHONE NUMBER] |  |
| PARKING AREA LOCATION [DESCRIBE WHERE: AWAY FROM ANIMAL AREAS IDEALLY] |  |
| PARKING AREA IS LABELED ON THE AERIAL FARM/ MAP AT THE END OF THIS PLAN | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |

## YOUR FARM’S FLOCK/HERD PROTECTION PRIORITIES

|  |
| --- |
| [Write your priorities for the next year or time period selected. Attach any protocol like where signs are stored, how are signs obtained, etc.] |

## ANIMAL HEALTH AND DISEASE MONITORING

|  |  |
| --- | --- |
| ANIMALS HAVE ACCESS TO A CLEAN, DRY PLACE TO REST | [ ]  YES [ ]  NO |
| ANIMALS ARE FED BASED ON AGE, GROWTH, AND HEALTH NEEDS.  | [ ]  YES [ ]  NO |
| ANIMALS CARETAKERS FOLLOW GOOD ANIMAL HANDLING PRACTICES LIKE:* PROPER HANDLING/ RESTRAINT
* MOVING ANIMALS CALMLY
 | [ ]  YES [ ]  NO |
| ANIMALS ARE CHECKED FOR DISEASE: | [ ]  TWICE DAILY[ ]  DAILY[ ]  WEEKLY[ ]  OTHER |
| ANIMAL CARETAKERS WORK WITH THE HEALTHIEST/YOUNGEST ANIMALS FIRST, FOLLOWED BY OLDER ANIMALS AND SICK ANIMALS  | [ ]  YES [ ]  NO |
| FARM HAS AN ISOLATION AREA FOR SICK ANIMALS | [ ]  YES [ ]  NO |
| IF FARM AS AN ISOLATION AREA: [DESCRIBE WHERE ISOLATION AREA IS LOCATED][DESCRIBE HOW MANY ANIMALS CAN BE HOUSED IN ISOLATION AREA] |  |

## YOUR FARM’S ANIMAL HEALTH AND DISEASE MONITORING PRIORITIES

|  |
| --- |
| Write your disease monitoring and animal health priorities for the next year like build an isolation area. Attach any protocol you use for sick animals in general and per disease issue.] |

## MEDICATIONS, VACCINES, AND DEWORMERS

|  |  |
| --- | --- |
|  |  |
| REFRIGERATED MEDICATIONS ARE KEPT AT 36-46oF | [ ]  YES [ ]  NO |
| REFRIGERATOR LOCATION [DESCRIBE WHERE REFRIGERATOR IS LOCATED] |  |
| LOCATION OF NON-REFRIGERATED MEDICATIONS[DESCRIBE WHERE NON-REFRIGERATED MEDICATIONS ARE KEPT] |  |
| VACCINATION PROGRAM [DESCRIBE SPECIES VACCINATED, WHICH PRODUCTS USED, HOW OFTEN VACCINES ARE GIVEN, ETC.] |  |
| PARASITE CONTROL PROGRAM[DESCRIBE SPECIES THAT ARE DEWORMED, WHICH PRODUCTS USED, HOW OFTEN DEWORMERS ARE GIVEN, ETC.] |  |

## YOUR FARM’S MEDICATION, VACCINES, AND DEWORMER PRIORITIES

|  |
| --- |
| [Write your priorities for the next year for medication, vaccine and dewormer storage. Attach protocol for vaccination and parasite control program.] |

## VEHICLES AND EQUIPMENT

|  |  |
| --- | --- |
| ENTRY OF DIRTY VEHICLES, MACHINERY, AND EQUIPMENT IS LIMITED | [ ]  YES [ ]  NO |
| EQUIPMENT IS SHARED WITH OTHER OPERATIONS | [ ]  YES [ ]  NO |
| IF EQUIPMENT IS SHARED, IT IS CLEANED AND DISINFECTED BEFORE ENTERING OUR PROPERTY | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |

## YOUR FARM’S VEHICLE AND EQUIPMENT PRIORITIES

|  |
| --- |
| [Write your farm’s priorities for equipment handling as it relates to disease transmission. Attach any protocol.] |

## CLEANING AND DISINFECTION

|  |  |
| --- | --- |
| OBJECTS/EQUIPMENT ARE THOROUGHLY CLEANED (VISIBLE DEBRIS REMOVED) BEFORE DISINFECTANT IS APPLIED | [ ]  YES [ ]  NO |
| DISINFECTANTS ARE USED ACCORDING TO THE PRODUCT LABEL (MIXING, CONCENTRATION, RINSING, STORAGE, ETC.)  | [ ]  YES [ ]  NO |
| DISINFECTANTS ARE ALLOWED TO “SIT” AND WORK FOR THE PROPER CONTACT TIME  | [ ]  YES [ ]  NO |
| DISINFECTANT PRODUCTS REGULARLY USED ON THE FARM[LIST PRODUCTS HERE] |  |
| C&D SAFETY MEASURES FOLLOWED:= Cleaning and Disinfection | READ ALL PRODUCT LABELS BEFORE USING[ ]  YES [ ]  NOWEAR RECOMMENDED PROTECTIVE GEAR (RUBBER GLOVES, APRONS, GOGGLES, ETC.)[ ]  YES [ ]  NOKEEP RUN-OFF AWAY FROM ANIMAL AREAS, DRINKING WATER, WATERWAYS, ETC.[ ]  YES [ ]  NO |

## YOUR FARM’S CLEANING AND DISINFECTION PRIORITIES

|  |
| --- |
| [Write your priorities for the coming year on selecting and using disinfectants. Attach lists of products, expiration dates, where ordered, where stored and how you mix and use them including disposal.] |

## PERSONNEL: FAMILY MEMBERS, EMPLOYEES, VISITORS

|  |  |
| --- | --- |
| ANIMAL CONTACT IS LIMITED TO ANIMAL CARETAKERS | [ ]  YES [ ]  NO |
| ALL PEOPLE THAT HANDLE ANIMALS WEAR CLEAN CLOTHING AND FOOTWEAR, AND HAVE CLEAN HANDS | [ ]  YES [ ]  NO |
| HANDWASHING STATION WITH RUNNING WATER AND SOAP IS AVAILABLEIF YES, HANDWASHING STATION IS LOCATED: [DESCRIBE WHERE] | [ ]  YES [ ]  NO |
| ADDITIONAL SUPPLIES AVAILABLE FOR PERSONNEL  | [ ]  GLOVES[ ]  HAND WIPES[ ]  ALCOHOL-BASED HAND SANITIZER[ ]  OTHER [DESCRIBE] |

## YOUR FARM’S PERSONNEL (FAMILY, WORKERS, VISITORS) PRIORITIES

|  |
| --- |
| [Write your priorities for the coming year for preparing people on your farm to follow biosecurity practices. Attach any protocol like a training or handout.] |

## ZOONOTIC DISEASES AND AGRITOURISM

|  |  |
| --- | --- |
| ARE VISITORS ALLOWED ON THE FARM? | [ ]  YES [ ]  NO |
| IF VISITORS ARE ALLOWED: | BARRIERS ARE IN PLACE TO LIMIT CONTACT BETWEEN ANIMALS AND VISITORS[ ]  YES [ ]  NO [ ]  NOT APPLICABLESIGNS ARE POSTED TO PROMOTE HANDWASHING BEFORE AND AFTER ANIMAL CONTACT[ ]  YES [ ]  NO [ ]  NOT APPLICABLEHANDWASHING STATION WITH RUNNING WATER AND SOAP IS AVAILABLE[ ]  YES [ ]  NO [ ]  NOT APPLICABLEHUMAN FOOD IS NOT ALLOWED IN ANIMAL AREAS[ ]  YES [ ]  NO [ ]  NOT APPLICABLE |

## YOUR FARM’S ZOONOTIC DISEASE AND AGRITOURISM PRIORITIES

|  |
| --- |
| [Write your farm’s priorities for the next year to lower the risk of disease transmission with visitors. Attach any protocol for visitors like a visitor log, questions to ask, requirements of visitors when on your farm.] |

## ANIMALS AND ANIMAL MOVEMENT

|  |  |
| --- | --- |
| NEW ANIMALS ARE ALWAYS BORN ON THE FARM, NOT PURCHASED | [ ]  YES [ ]  NO |
| NEW ANIMALS ARE PURCHASED BUT COME FROM PLACES WITH STRICT BIOSECURITY PROGRAMS | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |
| NEW OR RETURNING ANIMALS ARE QUARANTINED BEFORE BEING MIXED WITH THE HOME HERD/FLOCK  | [ ]  YES [ ]  NO [ ]  NOT APPLICABLEIF YES, THE QUARANTINE PERIOD IS HOW LONG: |
| SEPARATE FEED/WATER EQUIPMENT IS USED FOR QUARANTINED ANIMALS  | [ ]  YES [ ]  NO |
| IF FEED/WATER EQUIPMENT IS SHARED IT IS CLEANED AND DISINFECTED BETWEEN GROUPS  | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE |
| AN EMERGENCY ACTION PLAN IS IN PLACE | [ ]  YES [ ]  NO IF YES, THE EMERGENCY ACTION PLAN IS KEPT: [DESCRIBE WHERE EMERGENCY ACTION PLAN IS KEPT] |

## YOUR FARM’S ANIMAL MOVEMENT PRIORITIES

|  |
| --- |
| [Write your farm’s priorities for new and returning animals in terms of separate housing, quarantine area and how you would deal with an emergency plan (power outage, barn burns, flooding, etc.). Attach protocol for quarantine and emergency response.] |

## CARCASS DISPOSAL

|  |  |
| --- | --- |
| CARCASS HANDLING AND DISPOSAL FOLLOWS LOCAL AND STATE RULES | [ ]  YES [ ]  NO |
| DEAD ANIMALS ARE DISPOSED OF PROMPTLY | [ ]  YES [ ]  NO |
| METHODS USED FOR DISPOSAL:(MARK ALL THAT APPLY) | [ ]  BURNING[ ]  BURIAL[ ]  RENDERING[ ]  COMPOST[ ]  LANDFILL[ ]  OTHER [DESCRIBE] |
| VEHICLES THAT HAUL DEAD ANIMALS ARE NOT ALLOWED TO ENTER THE FARM | [ ]  YES [ ]  NO |

## YOUR FARM’S CARCASS DISPOSAL PRIORITIES

|  |
| --- |
| [Write your farm’s priorities in the next year for disposal of mortalities. Attach the procedure or protocol.] |

## MANURE, LITTER, AND BEDDING

|  |  |
| --- | --- |
| MANURE HANDLING AND DISPOSAL FOLLOWS LOCAL AND STATE RULES | [ ]  YES [ ]  NO |
| ANIMAL HOUSING AREAS ARE CLEANED REGULARLY | [ ]  YES [ ]  NO |
| YOUNG ANIMALS ARE HOUSED SEPARATELY FROM OLDER ANIMALS | [ ]  YES [ ]  NO |
| BEDDING IS PURCHASED FROM A TRUSTWORTHY SOURCE WITH A QUALITY CONTROL PROGRAM | [ ]  YES [ ]  NO |
| MANURE STORAGE PROCEDURES:[DESCRIBE HOW MANURE IS STORED – FOR EXAMPLE: PILING, BUNKER, COMPOSTED ON SITE, HAULED TO ANOTHER SITE]IF NEEDED, MANURE CAN BE STORED ONSITE FOR: [LIST NUMBER OF WEEKS, MONTHS, ETC.] |  |

## YOUR FARM’S MANURE, LITTER AND BEDDING PRIORITIES

|  |
| --- |
|  |

## WILDLIFE, RODENTS, AND OTHER ANIMALS

|  |  |
| --- | --- |
| RODENT/PEST BAIT USE IS PERFORMED BY FARM PERSONNEL ACCORDING TO LABEL DIRECTIONS | [ ]  YES [ ]  NO |
| RODENT/PEST BAIT USE IS PERFORMED BY AN OUTSIDE COMPANY ACCORDING TO PACKAGE LABEL DIRECTIONS | [ ]  YES [ ]  NOIF YES, COMPANY NAME IS: [ADD COMPANY NAME] |
| TRASH IS REMOVED: | [ ]  TWICE DAILY[ ]  DAILY[ ]  WEEKLY[ ]  OTHER |
| BIRD AND RODENT NESTING IS PREVENTED BY:[LIST PREVENTIVE MEASURES LIKE SCREENS, BIRD SPIKES, ETC.] |  |
| DOGS, CATS, AND OTHER ANIMALS ARE PREVENTED FROM ENTERING ANIMAL AREAS | [ ]  YES [ ]  NO |
| WILD WATERFOWL ARE PREVENTED FROM ENTERING AND STAYING ON FARM | [ ]  YES [ ]  NO |
| A BODY OF WATER WHERE WILD WATERFOWL FREQUENT IS NEARBY OR ON THE FARM | [ ]  YES [ ]  NO |
| OTHER WILD BIRDS ARE PREVENTED FROM ENTERING PROPERTY AND RESIDING OR ROOSTING IN BARNS | [ ]  YES [ ]  NO |

## YOUR FARM’S WILDLIFE, RODENTS, AND OTHER ANIMALS PRIORITIES

|  |
| --- |
| [Write your farm’s priorities for the next year in terms of wild animals and birds and rodents and pest control. Attach any protocol and include phone numbers for experts or government contacts.] |

## FEED AND WATER

|  |  |
| --- | --- |
| FRESH, CLEAN WATER IS AVAILABLE TO ANIMALS THROUGHOUT THE DAY | [ ]  YES [ ]  NO |
| SPILLED FEED IS CLEANED UP AS SOON AS IT HAPPENS | [ ]  YES [ ]  NO |
| FEED IS HANDLED ONLY BY EQUIPMENT USED FOR FEED (NOT MANURE) | [ ]  YES [ ]  NO |
| EQUIPMENT USED FOR MANURE HANDLING IS CLEANED AND DISINFECTED BEFORE IT IS USED FOR FEED HANDLING | [ ]  YES [ ]  NO [ ]  NOT APPLICABLE  |

## YOUR FARM’S FEED AND WATER PRIORITIES

|  |
| --- |
| [Write your farm’s priorities for the next year to ensure clean feed and water, especially for multi-species farms where poultry and livestock intermingle. Attach any protocol for housing, feed and watering and cleaning equipment or designating equipment for one use.] |

## LABELED PROPERTY MAP

|  |  |
| --- | --- |
| FARM MAP IS INCLUDED WITH THIS BIOSECURITY PLAN\* | [ ]  YES [ ]  NO |
| FARM MAP INCLUDES THE FOLLOWING LABELED POINTS (IF APPLICABLE):REFER TO HANDOUT ON A PREMISES MAP. | PERIMETER BUFFER AREA (PBA) [ ]  YES [ ]  NOPBA ACCESS POINTS [ ]  YES [ ]  NOLINE OF SEPARATION (LOS) [ ]  YES [ ]  NOLOS ACCESS POINTS [ ]  YES [ ]  NOC& D STATION (S) [ ]  YES [ ]  NODESIGNATED PARKING AREA [ ]  YES [ ]  NOCARCASS PICKUP LOCATION [ ]  YES [ ]  NOCARCASS REMOVAL PATHWAY(S)[ ]  YES [ ]  NOVEHICLE MOVEMENTS [ ]  YES [ ]  NOFARM ENTRY [ ]  YES [ ]  NO |

\*See [Creating a Premises Map for a Biosecurity Plan](https://www.cfsph.iastate.edu/Assets/biosecurity-form-creating-a-premises-map.pdf) to learn how to make and label a farm map.

Remember to attach your labeled premises map to this biosecurity plan.

*This form is part of a project funded by USDA NADPRP (National Animal Disease Preparedness and Response Program).*