# 

# 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

|  |  |
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| 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] |  |
| RECORDS ARE KEPT OF ALL ANIMAL MOVEMENT (PURCHASES, DEATHS, CULLS, BIRTHS) AND HEALTH  RECORDS ARE IMPORTANT EVENTS ARE KEPT (VACCINATIONS, ILLNESSES, TREATMENTS, VETERINARY VISITS, FAMACHA ASSESSMENT, WEIGHTS, BCS,ETC.) | YES  NO  YES  NO |
| LIVESTOCK HAVE OFFICIAL IDENTIFICATION (SHEEP AND GOATS-SCRAPIE TAGS, CATTLE, PIGS); HORSES – TATTOOS; REGISTERED GOATS – REGISTRATION PAPERS AND TATTOOS. POULTRY IDENTIFIED BY LOTS. | YES  NO  NOTES AND EXPLANATIONS: |

## 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, improved recordkeeping 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  NO  WEAR RECOMMENDED PROTECTIVE GEAR (RUBBER GLOVES, APRONS, GOGGLES, ETC.)  YES  NO  KEEP 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 AVAILABLE  IF 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 APPLICABLE  SIGNS ARE POSTED TO PROMOTE HANDWASHING BEFORE AND AFTER ANIMAL CONTACT  YES  NO  NOT APPLICABLE  HANDWASHING STATION WITH RUNNING WATER AND SOAP IS AVAILABLE  YES  NO  NOT APPLICABLE  HUMAN 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 APPLICABLE  IF 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  NO  IF 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  NO  PBA ACCESS POINTS  YES  NO  LINE OF SEPARATION (LOS)  YES  NO  LOS ACCESS POINTS  YES  NO  C& D STATION (S)  YES  NO  DESIGNATED PARKING AREA  YES  NO  CARCASS PICKUP LOCATION  YES  NO  CARCASS REMOVAL PATHWAY(S) YES  NO  VEHICLE MOVEMENTS  YES  NO  FARM 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).*