



National Premises Identification Number (Prem ID or PIN): Date:						
Premise name:						
Premise county						
Premise address:						
Premises GPS coordinates* Latitude: Longitude: *GPS coordinates for public and rangeland should coincide with the entrance to where animals are loaded/unloaded.						
Name of person filling	out this	s questionnair	re:			
Contact phone:						
Can this phone receive	text me	essages? (Ye	s) (No) (U	Jnsu	re)	
Contact email:						
Owner name (if differe	nt than	above):				
Owner contact phone:						_
Can this phone receive text messages? (Yes) (No) (Unsure)						
Owner contact email: _	Owner contact email:					
Beef Animal Operation	n (Circ	le/Mark All t	hat Apply)			
Cow Calf		Young Stoc	k Feeder	Vea	al Feeder	Heifer Raiser
Heavy Cow Feeder		Feedlot		Livestock Market Harve		Harvest Facility
Dairy Animal Operation (Circle/Mark All that Apply)						
Dairy Milking Dairy Dry Cow Dairy Closeup Dairy Hei			Dairy Heifer Raiser			
Dairy Bulls Dairy calve		es/heifers I		iry Calf Raiser	Dairy (Other)	
Other Species on the Premise (Circle/Mark All that Apply)						
Equine (horses)				,	Goats	Camelids
Cervids	Dogs	Dogs Cats			Poultry	Other:





### 1. \*Biosecurity Manager and Written Plan

	Y or N	COMMENTS
Is there a Biosecurity Coordinator? If so, please		
provide their name.		
Is there a site-specific biosecurity plan?		
(Title and submit copy for review)		
Is the Biosecurity Coordinator knowledgeable in		
the principles of biosecurity?		
Does the Biosecurity Coordinator review		
the biosecurity program at least once during		
each calendar year and make revisions as		
necessary?		
Does the biosecurity plan indicate that there will		
be a review by the Biosecurity Coordinator in		
periodsof heightened risk of disease transmission?		

## 2. Training

	Y or N	COMMENTS
Does the biosecurity program include		
trainingmaterials that cover both farm		
specific procedures as well as any company		
and/or complex-wide procedures as		
applicable?		
Do all animal owners and caretakers that		
regularly enter the perimeter buffer area		
(PBA) complete this training?		
Has the training been completed at least once per		
calendar year and documented?		
Are new animal caretakers trained at hire?		
Are training records retained?		

## 3. Protecting the Operation Line of Separation (LOS)

	Y or N	COMMENTS
Does the site-specific biosecurity plan describe or		
illustrate the boundaries of the LOS?		
If not,please explain.		
Does the site-specific biosecurity plan		
clearlyoutline procedures to be followed		
when caretakers, visitors, or suppliers cross		
the LOS?		





## 4. Equipment and Vehicles

Y or N	COMMENTS
	Y or N

#### 5. Personnel

	Y or N	COMMENTS
Does the biosecurity plan include procedures and use of personal protective equipment (PPE) for site dedicated personnel?		
Does the biosecurity plan address the biosecurity procedures and use of PPE for non-farm personnel?		
Does the biosecurity plan specify procedures which all personnel having had recent contact with other animals should follow before reentering the premise?		

### 6. Animal Movement

	Y or N	COMMENTS
Are animals moved onto the premise sourced		
from herds that are in compliance with SBS		
provisions and program standards?		
Are animals transported onto or off of the premise		
moved in equipment and vehicles that are		
regularly cleaned, disinfected, and inspected?		
Are biosecurity protocols in place for equipment		
and personnel involved in the transport of		
replacement animals?		





## 7. Animal Products (Gametes)

	Y or N	COMMENTS
Do semen/embryos coming onto the premise		
originate from sources that are in compliance with		
SBS provisions and program standards?		
Are semen/embryos transported onto or off the		
premise moved in equipment and vehicles that are		
regularly cleaned, disinfected and inspected?		
Are biosecurity protocols in place for equipment		
and personnel involved in the use of		
semen/embryos?		

### 8. Carcass Disposal

	Y or N	COMMENTS
Is there a mortality disposal plan?		
Does the mortality disposal plan reference the removal and/or storage of mortalities, including pest control around mortality storage and disposal areas?		
Does the mortality disposal plan address procedures for handling mortality disposal in a way that minimizes the potential for crosscontamination from other facilities, or among premises?		

### 9. Manure and Bedding Management

	Y or N	COMMENTS
Is the manure and spent bedding handled in a manner that limits the spread of infectious disease?		

### 10. Rodent, Wildlife and Other Animal Control

	Y or N	COMMENTS
Are there control measures in the biosecurity plan to prevent contact with, and protect animals from native wildlife and their feces?		
Does the biosecurity plan contain control programs for rodents, insects, and other animals?		
Are these programs documented?		





## 11. Feed and Replacement Bedding

	Y or N	COMMENTS
Are feed, feed ingredients and bedding stored		
and maintained in a manner that limits exposure		
to and contamination by wild birds, rodents,		
insects, and other animals?		
Does the biosecurity plan address feed spills within		
and outside of the LOS?		
Are sources of feed and bedding known and can		
they be considered low risk and safe from exposure		
to sources of contamination from other animals?		

### 12. Water Supply

	Y or N	COMMENTS
Is drinking water or water used for evaporative		
cooling sourced from a contained supply such as a well or municipal system?		
If water comes from a surface water source, is		
water treatment used to reduce the level of		
disease agents?		
If surfaces have been cleaned or flushed with		
surface water, is subsequent disinfection employed to prevent disease transmission?		
If water treatment is not possible, is a risk		
analysis performed to determine actions needed to mitigate risks?		

### 13. Reporting of Elevated Morbidity and Mortality

	Y or N	COMMENTS
Does the biosecurity program include procedures		
for addressing elevated morbidity and/or mortality		
above expected levels?		
Is there a plan to report and take appropriate action		
should you suspect and need to rule out reportable		
disease agents?		





Please list plans, maps, documents, forms, associated with the Secure Beef Supply Planning:		
ease list any premises including Farms, Feed Suppliers, Bedding Suppliers, Transport Companies, Other, that		
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National Premises Identification Number (Prem ID or Pl	IN): Date:
Owner or Biosecurity Agent (please specify)	
	cify Affiliation)
SatisfactoryUnsatisfactory	Opportunity for ImprovementN/A
Comments:	
Owner/Agent	Date
Animal Health Official	Date
This audit is approved for a period of:	Exp Date
NYSDAM/USDA Approver	
Name/Title	
Signature	
Data	