Secure Beef Supply (SBS) Plan Practice Questionnaire for FMD Exposure



During a foot and mouth disease (FMD) outbreak, producers in a regulatory Control Area will need to provide information to Regulatory Officials about 1) any unusual health events or possible clinical signs of the FMD in their animals; 2) biosecurity steps put in place to prevent exposure to the disease; and 3) possible direct or indirect contact with other animals or operations that may have infected animals. The information you provide is critical to determine the scope and extent of the outbreak. However, it can be daunting to provide a lot of detail on short notice.

This document provides a short example of the type of information that may be requested. Additional steps from the Secure Beef Supply (SBS) Plan will be needed in order to request an animal or animal product (semen, embryos) movement permit.

Na	tional Premises Identification Number (Prem	ID or PIN):	Date: _	
Pre	emises Name:			
Pre	emises Address:			
	(Street)	(City)	(County)	(State) (Zip)
Pre	emises GPS Coordinates*; Latitude:		_Longitude:	
Na	me of person filling out this questionnaire:			
	Contact information (phone and email):			
Ov	vner Name (if different than above):			
*G	Owner contact information (phone and emains PS coordinates for public and rangeland should contact the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for public and rangeland should be contact to the coordinates for the coordinat	il):incide with the entrance t	o where animals are load	ed/unloaded.
D]	ISEASE MONITORING (SURVE	EILLANCE)		
1.	Have samples from the animals on this premand mouth disease (FMD)? Yes N		a diagnostic laboratory	to test for a foot
	If YES, and the results were positive, then the given specific guidance on next steps from o	•		s and you will be
	If YES, and the results are negative, or if NO	O, please complete the c	questions below.	
2.	Are you looking at the animals on your pren Surveillance documents?		e Secure Beef Supply A	active Observational
	If YES, please complete the questions below Surveillance materials then return to answer	•	* * *	active Observational
3.	Do the animals on this premises have any a. unexplained or unusual clinical signs	in animals?	☐ Yes ☐	No

	b. clinical signs in animals that may be caused by an FMD infection? Yes No
	c. unexplained mortalities OR increase in mortalities?
	d. unexplained changes in production parameters such as feed intake?
	uring an actual FMD outbreak, producers should observe animals daily for signs of infection, record their dings or the lack thereof, and promptly report any abnormal findings to officials managing the outbreak.
Bl	IOSECURITY
4.	Do you have a Biosecurity Manager(s) for this premises?
	If YES, please list their name(s) and contact information (phone and email):
5.	Does your operation-specific biosecurity plan describe how you have implemented, or will implement, each item in the enhanced biosecurity checklist in the event of an FMD outbreak?
	If NO to questions #4 or #5, please read the Biosecurity materials at www.securebeefsupply.org .
Th sho wil	ONTACT WITH OTHER PREMISES is section of the document reviews the types of external contacts that may expose your animals. Producers ould practice recording external contacts over the past 7 days (at least) to get a feel for the information that ll be needed in an outbreak. During an actual outbreak, Regulatory Officials may ask to review records from the st 28 days.
6.	Has this premises been exposed to manure from another premises (applied on the ground near areas where animals are housed or graze)?
	If YES, please list the premises names, contact information (phone or email), and date (if known) from which
	manure originated or the company that hauled the manure
7.	Has this premises received <u>live animals</u> ?
	animals were received

8.	Has this premises moved <u>live animals</u> to another premises (e.g., production site, sale barn, packing plant)? Yes No
	If YES, please list the premises names, contact information (phone or email), and date (if known)
9.	Has this premises received semen or embryos? Yes No
	If YES, please list premises names, contact information (phone or email), and date (if known) from which
	semen or embryos were received
10.	Has this premises moved <u>semen or embryos</u> to another premises?
	If YES, please list premises names, contact information (phone or email), and date (if known) where semen or
	embryos were sent
11.	Has this premises used or had contact with equipment used on another premises with live or dead animals, manure, or animal products (semen, embryos)? Yes No I don't know
	Examples may include: • Trucks/trailers used to transport live animals
	Gates/panels/animal handling equipment
	 Manure handling/hauling/application equipment
	 Rendering or compost handling/hauling/application equipment Forklifts, skid-steers, tractors, loaders
	 Hoof-trimming equipment, chutes
	 Vaccination supplies (syringe guns, coolers, etc.)
	Pressure sprayers/washers
	 Coolers, semen or embryo containers Any other shared equipment
	 Any other shared equipment
	If YES, please list premises names and contact information (phone, email) from which the equipment came

embryos) that could have been infected with FMD?							
Exposure may occur through the following activiti	es:						
International travel							
Caring for animals							
 Contact with wildlife, including hunting 							
 Working at other animal production premi 	 Working at other animal production premises 						
 Living or associating with someone who w 							
 Visiting other premises with animals that of zoos 							
 Visiting a processing plant, rendering plan 	t, or landfil	1					
 Other contact with infected animals or infe 							
contact in the last 7 days? Note: During an actual outbedays. (Mark all that apply)			buildings, or via fe als may ask to see r				
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days. (Mark all that apply)	reak, Regul	atory Offici	als may ask to see r				
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12. Has anyone on this premises had contact with live or dead animals, manure, or animal products (beef, semen,

For more information on the Secure Beef Supply Plan, please visit www.securebeef.org

raccoons, or other predators

Rodents (rats, mice)
Other (describe)