
EPIDEMIOLOGY QUESTIONNAIRE

SECURE EGG SUPPLY PLAN HPAI EPIDEMIOLOGY QUESTIONNAIRE

Date: _____

Business/farm name: _____

Primary contact: _____

Business address: _____

Business telephone number: _____

Cell telephone number: _____

Fax number: _____

Home telephone number: _____

E-mail address: _____

Secondary contact: _____

Business address: _____

Business telephone number: _____

Cell telephone number: _____

Fax number: _____

Home telephone number: _____

E-mail address: _____

Farm Address (911 and Animal Location): _____

City: _____ Zip code: _____

County: _____

Township: _____

Range: _____

Section: _____

GPS coordinates (decimal degrees): _____

Premises identification number: _____

The purpose of this epidemiological questionnaire is to help the Incident Management Team determine a premises' classification: Contact Premises, At-Risk Premises, or Monitored Premises. Additional information will be considered (e.g., daily PCR testing and production data) when decisions regarding movement permits are made.

Employee Risk Factors

1. Do any of your personnel work at other poultry premises or have they visited other poultry premises, hatcheries, processing plants, or poultry slaughtering facilities within the past 21 days? Yes No
 - a) If Yes, what premises? _____
2. Do any of your workers live with someone who works at another poultry farm, hatchery, processing plant, slaughter facility or rendering plant? Yes No
3. Have you hired new personnel during the past 21 days? Yes No
 - a) If Yes, did they work for another poultry premises before you hired them? Yes No
 - b) If Yes, where did they work prior to coming to your premises? _____
4. Has an employee from this premises visited a rendering plant within the past 21 days? Yes No
 - a) If Yes, what plant? _____
 - b) If Yes, did the person clean and disinfect his/her vehicle before returning to your premises? Yes No
 - c) If Yes, did the person change outer clothes before returning to your premises? Yes No
 - d) If Yes, did the person disinfect footwear or change into footwear dedicated to this premises upon return? Yes No

Biosecurity Risk Factors

5. Are you enrolled in the Voluntary Preparedness Components of the SES Plan? Yes No
 - a) If Yes, date of last audit _____
6. Have migratory waterfowl been seen on the ground or water within 0.62 m (1 km) of your buildings containing chickens in the last 21 days? Yes No
 - a) If Yes, please describe: _____
7. Have free flying birds been observed in the chicken houses in the past 21 days? Yes No
8. Is feed protected from exposure to feces from wild birds, waterfowl, rodents and/or wild mammals? Yes No
9. Is water protected from exposure to feces from wild birds, waterfowl, rodents and/or wild mammals? Yes No

10. Which of the following describes this farm's usual carcass (daily mortality) disposal method?
(Mark ALL that apply)

- | | | |
|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Rendering | <input type="checkbox"/> on-farm | <input type="checkbox"/> off-farm |
| <input type="checkbox"/> Composting | <input type="checkbox"/> on-farm | <input type="checkbox"/> off-farm |
| <input type="checkbox"/> Burial | <input type="checkbox"/> on-farm | <input type="checkbox"/> off-farm |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> on-farm | <input type="checkbox"/> off-farm |
| <input type="checkbox"/> Other (specify: _____) | | |

11. Do you dispose of dead birds from other farms? Yes No

a) If Yes, please provide more details: _____

12. Have you introduced chicks onto this farm in the last 21 days? Yes No

a) Was the breeding flock serologically tested for avian influenza? Yes No

13. Did any birds move off this farm and then return to the farm (e.g., markets, shows, farmers' market, fair) in the past 21 days? Yes No

a) If Yes, please describe: _____

Trace Back Information

In the last 21 days, did the following movements **ONTO** the farm occur? If yes, please provide as much accurate information as possible for each unique source. You can add more rows by 'right clicking' in the box and selecting "Insert > Insert Rows Below".

14. Eggs (e.g., sideloading) Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel entered chicken house? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

Movements ONTO the farm (continued)

15. Live Birds (including replacement pullets or backfilling pullets) Yes No Don't know

Source/ name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)	Were the chickens RRT-PCR tested for avian influenza prior to moving onto your farm? (Yes/No)

Additional Comments: _____

16. Feed trucks Yes No Don't know

Source/name	Truck and equip- ment C&D before entering? (Yes/No)	Truck and equip- ment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

17. Fresh litter/bedding Yes No Don't know

Source/name	Truck and equip- ment C&D before entering? (Yes/No)	Truck and equip- ment C&D when leaving? (Yes/No)	Personnel enter bird housing/ (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

Movements ONTO the farm (continued)

18. Personnel or equipment used to handle/haul manure and/or used litter?

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

19. Catch/vaccination/beak trim crews

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

20. Off-site Renderer

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

a) Did the driver leave the vehicle while on this premises? Yes No Don't know

b) If Yes, what area of the premises did he or she enter? _____

c) Was driver required to wear outer clothes and foot wear provided by this premises? Yes No Don't know

Additional Comments: _____

Movements ONTO the farm (continued)

21. Company veterinarian/service technician

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

22. Non-company veterinarian/consultant

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

23. Service personnel (e.g., construction, gas, plumbing, pest control)

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

Movements ONTO the farm (continued)

24. Customer/buyer/dealer

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

25. Other poultry producer

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

26. Any other visitor (friend/neighbor)

Yes No Don't know

Source/name	Truck and equipment C&D before entering? (Yes/No)	Truck and equipment C&D when leaving? (Yes/No)	Personnel enter bird housing? (Yes/No)	Entered in visitor log? (Yes/No)

Additional Comments: _____

Trace Forward Information

In the last 21 days, did the following movements **OFF** the farm occur? If yes, please provide as much accurate information as possible for each unique off-farm location. You can add more rows by 'right clicking' in the box and selecting "Insert > Insert Rows Below".

27. Eggs

Yes No Don't know

Destination/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before return- ing? (Yes/No)	Personnel enter bird housing? (Yes/No)

Additional Comments: _____

28. Live Birds
know

Yes No Don't

Off-farm location/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before returning? (Yes/No)

Additional Comments: _____

29. Feed trucks (that haul feed originating on your premises and deliver feed to off-farm locations.

This question does not refer to feed trucks that bring feed onto your premises from other off-farm locations which was previously covered in question 15). Yes No Don't know

Off-farm location/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before returning? (Yes/No)	Personnel enter your bird housing? (Yes/No)

Additional Comments: _____

Movements OFF the farm (continued)

30. Farm personnel or equipment used to haul manure/used litter to off farm locations.

Yes No Don't know

Off-farm location/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before returning? (Yes/No)	Personnel enter your bird housing? (Yes/No)

Additional Comments: _____

31. Farm personnel or equipment used for catch/vaccination/beak trim at off-farm locations.

Yes No Don't know

Off-farm location/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before returning? (Yes/No)

Additional Comments: _____

32. Farm personnel or equipment used for off-farm carcass disposal.

Yes No Don't know

Off-farm location/ name	Truck and equipment C&D when leaving? (Yes/No)	Truck and equipment C&D before returning? (Yes/No)	Personnel enter your bird housing? (Yes/No)

Additional Comments: _____
