

Step 6: Project Details for Defining Zones and Controlled Access Points (AHIM-PD-A)

1. This project supports the following species (check all that apply):

Bees

Beef

Dairy/veal

Equine

Farmed cervid

Goats

Poultry

Sheep

Swine

Alternative livestock (including fox, rabbit, mink, bison), specify: _____

Other, specify: _____

2. Select the activity/activities you will complete as part of the project (check all that apply):

Retrofit existing structures to establish an effective transition area (anteroom)

Clearly defining zones (e.g., controlled access zone, restricted access zone) and access points using signage, fencing, barriers, grading, or landscaping

Improve efficiency of traffic flow to reduce contamination by establishing new or rerouting existing laneways, access routes, and vehicle turning areas

Control access to operation and buildings with gates, fencing, signage, locks, barriers, and security monitoring equipment

Construction of new or modifications to existing structures to facilitate more efficient movement of animals and people

3. Is this the first time this practice will be implemented at this location/premises? (Select one)

Yes

No, this project is to modify or build on existing practices at this location/premises (e.g., building anterooms onto an additional barn at the same location/premises)

Full Name: _____

FBRN: _____

AHIM-PD-A

4. You must complete and attach a farm-wide assessment against National Biosecurity Standards to apply to this category. Based on your assessment, specify the animal health risk(s) that this project addresses (reference the specific gaps identified in your assessment):

5. Explain how the project addresses the animal health risk(s) (i.e., gaps) identified in your assessment:

6. Who completed your assessment? (Select one)

Self-completed

Qualified third-party, specify (e.g., licensed veterinarian): _____

7. What is the number of livestock the facility supported by the project accommodates per year (e.g., the total number of cows, heifers and calves over a year)? _____

8. How often do you have incoming/outgoing traffic at this location/premises? (e.g., feed delivery, veterinarians, visitors, non-farm staff) (Select one)

At least once a week

At least once a month

Less than once a month

Full Name: _____ **FBRN:** _____