

## Step 6: Project Details for Establishing Cleaning and Disinfecting Practices (AHIM-PD-B)

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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):

Construction of hard surface (e.g., concrete pad) or wash bay for cleaning and disinfecting vehicles and equipment within a controlled access zone or controlled access point

Installation of sanitation, shower, or washing facilities at a controlled access point or anteroom to a higher risk area, such as animal housing facilities (must be part of a complete transition area)

Replace interior surfaces (e.g., walls, ceiling, flooring, dividers) with non-porous washable materials such as concrete, puck board, or stainless steel

Purchase specialized cleaning and disinfection equipment (e.g., tractor attachments for barn cleanout, livestock footbaths, udder cleaning systems)

Install treatment system for disinfecting or removing pathogens, fomite, or contaminants from the water

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., construct an additional wash pad at the same location/premises)

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

AHIM-PD-B

4. You must complete and attach a farm-wide assessment against National Biosecurity Standards to apply to this category. Based on your completed 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:** \_\_\_\_\_