

Step 6: Project Details for Preventing Access by Wildlife, Pests, and Rodents (AHIM-PD-D)

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):

Install or repair screening, plastic curtains and soffits on barns or production facilities

Apply gravel around perimeter of barns or production facilities (1 metre strip, 6 inches deep)

Install pest control devices or deterrents

Purchase of equipment, new construction or modifications to existing facilities for freezing honey bee equipment or processing wax to mitigate introduction, spread, and impact of diseases, such as Small Hive Beetle

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., install pest control devices or curtains on an additional facility at the same location/premises)

Full Name: _____

FBRN: _____

AHIM-PD-D

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 annum (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: _____