

**Step 9: Project Details for Establishing Cleaning and Disinfecting Practices (AHIM-PR-B)**

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

Bees

Bovine, specify: \_\_\_\_\_

Equine

Farmed cervid

Goats

Poultry

Sheep

Swine

Alternative livestock (including fox, rabbit, mink), 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/facility for cleaning and disinfecting vehicles and equipment within controlled access zone or controlled access point

Installation of sanitation, shower, or washer facilities at controlled access point or anteroom to higher risk areas such as animal receiving facilities (must be part of a complete transition area for effective biosecurity)

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

Purchase specialized cleaning and disinfection equipment (e.g., 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 within this location/premises (e.g. building anterooms onto an additional barn on the same site).

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

4. Based on the completed risk/operational assessment, specify the risk(s) that this project addresses:

5. Explain how the project addresses the risk(s) identified:

6. Was your assessment? (select one):

Self-completed

Completed by a 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; number of livestock moving through sales facility over a year)? \_\_\_\_\_

8. How often do you have incoming/outgoing traffic (i.e. movement) at this location/premises? (e.g. feed delivery, veterinarians, visitors, non-farm staff) (Select the most appropriate option):

At least once a week

At least once a month

Less than once a month

9. Is your business an abattoir? (Select one):

Yes – a provincially licensed facility

Yes – a federally licensed facility

No

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