

## Step 9: Project Details for Establishing Isolation or Segregation Facilities (AHIM-PR-C)

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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 a new or modification of an existing structure, for a quarantine or isolation facility for sick animals

Construction of a new or modification of an existing structure, to create segregation areas for distinct cohorts (e.g., newborns)

Construction of a new or modification of an existing structure, to create animal treatment or work area for service personnel

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