



**NAHMS Equine 2015**

**On-site Biosecurity**

**Assessment**

National Animal Health Monitoring System

2150 Centre Ave, Bldg B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0269

EXP. DATE: XX/20XX

Animal and Plant

Health Inspection

Service

Veterinary

Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Farm ID:** (6 digits) | **Kit #:** | **Collector name and phone number** | **Date:** (mm/dd/yy) |
|  |  |  |  |

**Assess storage of feed and water source**

1. Is the equine concentrate feed stored in a rodent-proof container? 🞏1 Yes 🞏3 No 🞏4 Don’t know

2. Do equids have access to surface water

(e.g., ponds, irrigation ditches, stream/creek)? 🞏1 Yes 🞏3 No

3. Do groups of equids that are housed separately share

a common water source? *[Check NA if equids are not*

*housed separately.]* 🞏1 Yes 🞏3 No 🞏4 NA

4. How clean (e.g., amount of manure present) are the equine housing areas?

**Stall/**

**paddock/pen Pasture**

a. Very clean 🞏🞏

b. Moderately clean 🞏🞏

c. Not clean 🞏🞏

d. NA 🞏🞏

5. What is the level of fly activity on the operation in the:

a. Equine housing area today? 🞏1 High 🞏2 Moderate 🞏3 Low 🞏4 None 🞏5 NA

b. Equine pasture today? 🞏1 High 🞏2 Moderate 🞏3 Low 🞏4 None 🞏5 NA

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**NAHMS-338**

**JUL 2014**

6. If equids are kept outdoors, what is the level of weed control in these areas?

🞏1 Well controlled

🞏2 Moderately controlled

🞏3 Not controlled

7. Manure storage area *[Check all that apply.]*

🞏 Manure storage area is near equine housing area and in loose pile

🞏 Manure storage area is near equine housing area contained in

dumpster or plastic bin or concrete pit/bunker, etc.

🞏 Manure storage area is near equine exercise area and in loose pile

🞏 Manure storage located distant from equine housing area

🞏 Manure storage area is near equine exercise area and is contained in

dumpster or plastic bin, concrete pit/bunker, etc.

🞏 Manure pile could have run-off into equine housing area

🞏 No manure storage on operation

8. Assess individual equine health charts; ask to look at example equine health record

🞏1 Hand written

🞏2 Computer

🞏3 Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

9. Is there a written protocol for daily cleaning of facility that you

were able to view? 🞏1 Yes 🞏3 No

10. Is there a written protocol for when to contact a veterinarian

that you were able to view? 🞏1 Yes 🞏3 No

11. Were you able to view a written protocol for infection control? 🞏1 Yes 🞏3 No

12. Were you able to view a sign-in sheet or written policy for visitors? 🞏1 Yes 🞏3 No

**Assess infection control related to new arrivals to the operation**

13. Is there an area separate from resident horses where new arrivals

or contagious disease cases can be kept?

[If Yes, ask to view.] 🞏1 Yes 🞏3 No

**[If question 13 = No, SKIP to question 17.]**

14. Is the separate area for new arrivals or contagious diseases a: *[Check all that apply.]*

🞏 Stall in main barn?

🞏 Stall apart from main barn?

🞏 Pen or run next to resident horses (could have nose-to-nose contact)?

🞏Pen or run next to resident horses (could share water source)?

🞏 Secluded barn, pen, or run with no possible direct contact with resident horses?

🞏 Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

15. How far away from resident horses is the separate isolation area (in feet)? \_\_\_\_\_ ft

16. In your assessment, is the isolation area adequate to

prevent airborne disease transmission? 🞏1 Yes 🞏3 No

17. Were you able to view a written policy for managing equids

that develop suspect contagious disease? 🞏1 Yes 🞏3 No

**[If question 17 = No, SKIP to question 19.]**

18. Does the policy contain: *[Check all that apply.]*

🞏 Directions on how to use disinfectants

🞏 Who to alert when contagious disease occurs

🞏 Protocol for use of barrier precautions

🞏 Protocol for use of separate equipment

19. Is there a place to wash hands in the equine housing area?

*[Be sure to view it.]* 🞏1 Yes 🞏3 No

20. Is there hand sanitizer available for use in the equine housing area?

*[Be sure to view it.]* 🞏1 Yes 🞏3 No

21. Does this operation have the following biosecurity response

items available in the event of contagious disease occurrence:

a. Disposable gloves? 🞏1 Yes 🞏3 No

b. Footware covers? 🞏1 Yes 🞏3 No

c. Coveralls? 🞏1 Yes 🞏3 No

d. Footbath materials? 🞏1 Yes 🞏3 No

e. Disinfectant? 🞏1 Yes 🞏3 No

f. Equipment to set up a physical barrier for human traffic? 🞏1 Yes 🞏3 No

g. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 🞏1 Yes 🞏3 No