

Indemnity and Compensation Decision Determination Worksheet

1. Please list all of the current test results available for this premises. For PCR, please list the Ct values:

2. Are there multiple ages of birds on the farm? (Y) (N)

List the bird groups and ages and indicate if they would likely have time to clear the virus prior to humane issues occurring:

3. List the number of commercial premises in the following zones surrounding the infected premises:

- a. Within 1km (neighboring) _____
- b. Within 3km (Infected Zone) _____
- c. Within 10 km (Buffer Zone) _____

4. What are the estimated number of additional At-Risk Premises, not included in the numbers above (this would include premises closely related by the network, business processes or those identified by trace-in/trace-out):

5. Where do these birds usually go for processing?

- a. In state or out of State (provide State if out of state)

- b. Approximate distance to plant (in miles) _____

- c. Can a route to the plant be planned that avoids other poultry premises?

- d. Any reason why the birds, once PCR negative, could NOT go to this plant? Please explain.

6. List any significant trade impacts of control marketing/slaughtering this flock:

7. List any other reasons why control marketing/depopulation via slaughter may not be a viable option for this flock (this may include other LPAI or HPAI circulating at the time):

8. Please Indicate the State and/or Industry recommendation for the management for this flock: (controlled marketing/ depopulation via slaughter, onsite depopulation, or a combination based on flock characteristics). Please indicate your reasoning for this recommendation:

9. Please indicate the approximate indemnity and or compensation being requested for this flock (for Owner and/or Grower):

- a. Indemnity \$ _____
- b. Depopulation and Disposal \$ _____
- c. Virus Elimination \$ _____

(A Field Reimbursement Specialist or Avian Indemnity Team member can assist with estimates)

Signature(s) and Title(s) of Official making the above recommendation. (State and Industry can submit separate forms or a joint form)

Signature
Title

Signature
Title

USDA APHIS VS Determination:

_____ Approve Controlled Marketing plan as recommended above.

_____ Approve On-site Depopulation as recommended above.

_____ UADA/APHIS VS is NOT in agreement with the recommendation above.

Reason for difference in agreement:

_____ More Information is needed.

A decision will be made within 48 hrs once the information requested below is provided.
(Enter information needed here)

Indemnity approved at _____

Depopulation approved at _____

Disposal, Materials destroyed and VE approved at _____

Signature of USDA APHIS VS ICG Official:

Printed name and title of signatory: _____