

| FY. | Response |
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| | Mortality Composting: |
| Compost Windrow | Construction Approval Checklist |
| for | Avian Influenza Infected Flocks |

OMB Approved 0579-0440, Exp. XX/ XXXX

| | INITIAL (| COMPOST WIN | NDROW CONS | TRU | JCT | ION | AF | PPROVAL CHE | ECKLIST |
|------------------------------|---|---|---------------------------|------|-------|------|-----|-----------------------------|------------|
| Premises County and #: | | | Far | m Na | me: | | | | |
| | rm Address: | | | 1 | | | | I | |
| Fa | rm Contact: | | | Cor | tact | Phor | ne: | | |
| Wi | ndrow #(s): | | Date Windrows Started: | | | | | Date Windrows Completed: | |
| | no Instructed Indrow(s)? | | | Cor | itact | Phor | ne: | | |
| | | | | Yes | No | N/A | | Comments/De | escription |
| | | WINDROW DESIG | N | | | | | | |
| 1 | Height between | n 6 and 8 feet tall. | | | | | | | |
| 2 | Width between | n 12 and 15 feet wid | le | | | | | | |
| 3 | Base between | 10 and 15 inches the | nick | | | | | | |
| 4 | Dome shaped | without significant i | rregularities | | | | | | |
| 5 | No soft tissue | visible on the surfac | ce of the windrow | | | | | | |
| 6 | A minimum of | 8 inches of carbon | cover material | | | | | | |
| 7 | Photos taken | | | | | | | | |
| 8 | Sketch of flag l | flag locations with dimensions attached | | | | | | | |
| | RECOMMENDATIONS: I have observed the windrows at this site and in my professional judgment they have been constructed consistent with the criteria outlined in the <i>Mortality Composting Protocol for Avian Influenza Infected Flocks</i> . I have observed the windrows at this site and in my professional judgment they have NOT been constructed consistent with the criteria outlined in the <i>Mortality Composting Protocol for Avian Influenza Infected Flocks</i> . The following corrective actions are recommended: | | | | | | | | |
| Signature of Composting SME: | | | | | | | | Date: | |

| | Print name of Composting SME: | | | | | | | |
|---------|---|----------------------|--|--|--|--|--|--|
| • • • • | The corrective actions recommended above were | completed on (date): | | | | | | |
| | Signature of Composting SME: | Date: | | | | | | |
| | Print name of Composting SME: | | | | | | | |



| FY_ | Response |
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| | Mortality Composting: |
| Phase 1 | Windrow Evaluation Checklist |
| Days 1–14 for | Avian Influenza Infected Flocks |

PHASE 1 WINDROW APPROVAL CHECKLIST

| Applicability: This checklist is to be used 14 days after windrow construction to verify that they have been |
|--|
| constructed in accordance with the protocol and have reached temperatures necessary for virus |
| inactivation |

| Premises County & Number: | | | | Farm Name: | | | | | |
|---|---|----------------------|-------------------|------------|------|-------|----------------------------------|--------------|----------|
| Fa | rm Address: | | | | | | | | |
| Fa | rm Contact: | | | Cor | tact | Phon | e: | | |
| | Windrow No.(s): Date Windrow(s) Started: | | Win | | | | Date Windrow(s) Completed: | | |
| | no constructed ndrow/s? | | | Cor | tact | Info: | | | |
| | | | | Yes | No | N/A | | Comments/Des | cription |
| | PHASE 1 WIND | ROW EVALUATI | ON—Days 1–14 | | | | | | |
| 1 | Height between | 6 and 8 feet tall | | | | | | | |
| 2 | Width between 1 | 2 and 15 feet wid | de | | | | | | |
| 3 | Dome shaped w | ithout significant i | rregularities | | | | | | |
| 4 | No soft tissue vi | sible on the surfac | ce of the windrow | | | | | | |
| 5 | A minimum of 8 inches of carbon cover material | | | | | | | | |
| 6 | Moisture adequate | | | | | | | | |
| 7 | Leachate present | | | | | | | | |
| 8 | 8 Excessive flies | | | | | | | | |
| 9 | Vector activity ob | served | | | | | | | |
| 10 | Odor observed: \ | OA, putrid | | | | | | | |
| 11 | 11 Temperature measured at 18 inches and 36 inches | | | | | | | | |
| 12 | Temperatures reached 131°F for 72 consecutive hours | | | | | | | | |
| 13 Photos taken | | | | | | | | | |
| PHASE 1 RECOMMENDATIONS OF STATE ANIMAL HEALTH, APHIS OR IMT OFFICIAL: I have observed the windrows at this site and in my professional judgment they have been constructed consistent with the criteria outlined in the <i>Mortality Composting Protocol for Avian Influenza Infected Flocks</i> . Additionally, windrow temperatures have reached the average temperature of 131°F for a minimum of 72 consecutive hours. The 14-day initial composting cycle is complete. | | | | | | | | | |

| ☐ I have observed the windrows at this site and in my professional judgment they have NOT to constructed consistent with the criteria outlined in the <i>Mortality Composting Protocol for Avian In Infected Flocks</i> . The windrows should be evaluated by a composting Subject Matter Expert (SM recommend corrective actions if necessary. | | | | | |
|--|---|--|--|--|--|
| ☐ Windrow temperatures have NOT reached the average consecutive hours. The windrows should be evaluated by actions if necessary. | | | | | |
| Signature of State Animal Health Official, APHIS Official or IMT Official: | Date: | | | | |
| Print name of signing official: | | | | | |
| Phase 1 Recommendations of Subject Matt Windrows): | ER EXPERT (FOR UNDERPERFORMING | | | | |
| ☐ I have observed the windrows at this site and based temperature logs, the windrows have performed in a maninfluenza virus. The 14-day initial composting cycle is con | ner demonstrated to inactive the avian | | | | |
| ☐ I have observed the windrows at this site and based temperature logs, the windrows have NOT performed in a influenza virus. The following corrective actions are recor | manner demonstrated to inactive the avian | | | | |
| | | | | | |
| Date of windrow evaluation: | | | | | |
| Signature of Composting SME: | Date: | | | | |
| Print name of Composting SME: | | | | | |
| |) * * * * * * * * * * * * * * * * * * * | | | | |
| The corrective actions recommended above were comple | ted on: | | | | |
| Phase 1 was completed on: | | | | | |
| Signature of Composting SME: | Date: | | | | |



| FY, | Response |
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| | Mortality Composting: |
| Phase 2 | Windrow Evaluation Checklist |
| Days 14–28 fo | r Avian Influenza Infected Flocks |

PHASE 2 WINDROW APPROVAL CHECKLIST

| Applicability: This checklist is to be used 14 days after Phase 1 was completed to verify that the composi |
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| windrows may be moved without restriction on the premises or may leave the premises with appropriate |
| permits |

| • | mits. | | | | | | | |
|---|--|---------------------|----------------|------------|-------|----------------------------|----------------------|--|
| Premises County & No: | | | | Farm Name: | | | | |
| Fa | rm Address: | | | | | | | |
| Fa | rm Contact: | | | Cor | ntact | Phone | e: | |
| Windrow No.(s): Date Windrow(s) Started: | | | | | | Date Windrow(s) Completed: | | |
| | no constructed ndrow(s)? | | | Cor | ntact | Info: | | |
| | | | | Yes | No | N/A | Comments/Description | |
| | PHASE 2 WIND | ROW EVALUATIO | N—Days 14-28 | | | | | |
| 1 | Height between | 6 and 8 feet tall | | | | | | |
| 2 | Width between | 12 and 15 feet wide | е | | | | | |
| 3 | Dome shaped without significant irregularities | | | | | | | |
| 4 | No soft tissue visible on the surface of the windrow | | | | | | | |
| 5 | A minimum of 8 | inches of carbon of | cover material | | | | | |
| 6 | Moisture adequa | te | | | | | | |
| 7 | Leachate presen | t | | | | | | |
| 8 | Excessive flies | | | | | | | |
| 9 | Vector activity ob | served | | | | | | |
| 10 | 10 Odor observed: VOA, putrid | | | | | | | |
| 11 | Temperature measured at 18 inches and 36 inches | | | | | | | |
| 12 | 12 Temperatures reached 131°F for 72 consecutive hours | | | | | | | |
| 13 Photos taken | | | | | | | | |
| PH | Phase 2 Recommendations of State Animal Health, APHIS or IMT Official: | | | | | | | |

| ☐ I have observed the windrows at this site and in my professional judgment they have been | |
|--|-----|
| constructed consistent with the criteria outlined in the Mortality Composting Protocol for Avian Influer | ıza |
| Infected Flocks. Additionally, windrow temperatures have reached the average temperature of 131°F | |

| moved without restriction on the premises or may leave | , , |
|---|---|
| ☐ I have observed the windrows at this site and in my constructed consistent with the criteria outlined in the <i>N Infected Flocks</i> . The windrows should be evaluated by recommend corrective actions if necessary. | Nortality Composting Protocol for Avian Influenza |
| ☐ Windrow temperatures have NOT reached the ave consecutive hours during the second composting phase composting SME to recommend corrective actions if ne | e. The windrows should be evaluated by a |
| Signature of State Animal Health Official, APHIS Official or IMT Official: | Date: |
| Print name of signing official: | |
| | |
| Phase 2 Recommendations of Subject Matwindrows): | TTER EXPERT (FOR UNDERPERFORMING |
| ☐ I have observed the windrows at this site and base temperature logs, the windrows have performed in a mainfluenza virus. The windrows may be moved without repremises with appropriate permits. | anner demonstrated to inactive the avian |
| ☐ I have observed the windrows at this site and base temperature logs, the windrows have NOT performed in influenza virus. The following corrective actions are recommendated as the contraction of the | n a manner demonstrated to inactive the avian |
| | |
| Date of windrow evaluation: | |
| Signature of Composting SME: | Date: |
| Print name of Composting SME: | |
| | |
| The corrective actions recommended above were comp | oleted on: |
| Phase 2 was completed on: | |
| Signature of Composting SME: | Date: |